United Healthcare

New Mexico

Standard Essential Health Benefit Orthodontic Review Form

SUBMIT: cephalometric image, panoramic image, 5-7 intraoral photographs, and standard review form.

Comprehensive orthodontic treatment is a covered benefit only in those instances that are related to an identifiable syndrome such as cleft lip and or palate, Crouzon's syndrome, Treacher-Collins syndrome, Pierre-Robin syndrome, hemi-facial atrophy, hemi-facial hypertrophy; or other severe craniofacial deformities which result in a physically handicapping malocclusion as determined by our dental consultants. Benefits are not available for comprehensive orthodontic treatment for crowded dentitions (crooked teeth), excessive spacing between teeth, temporomandibular joint (TMJ) conditions and/or horizontal/vertical (overjet/overbite) discrepancies.

Provider Name:
Patient Name:
Date:

Indicate an "X" if present

1. ☐ Cleft lip/palate deformity (attach description of condition)
2. ☐ Crouzon's syndrome (attach description of condition)
3. ☐ Treacher-Collins syndrome (attach description of condition)
4. ☐ Pierre-Robin syndrome (attach description of condition)
5. ☐ Hemi-facial atrophy (attach description of condition)
6. ☐ Hemi-facial hypertrophy (attach description of condition)
7. ☐ Severe craniofacial deformities that result in a physically handicapping malocclusion. (attach description of condition)

Comments:
Provider Signature:

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