

## Orthodontic Criteria Form

### Must meet **All** Criteria:

Radiographs: panoramic, cephalometric and cephalometric tracing

Dental Molds: Upper and Lower study casts trimmed to the correct occlusion

Photos: Intra and Extra Oral

Treatment plan to include findings, diagnosis, prognosis, length of treatment, phases of treatment and specific code requested.

### Must meet at least **one** of the following criteria:

- Overjet in excess of 7mm
- Severe malocclusion associated with dento-facial deformity
  - True Anterior open bite
  - Full cusp classification from normal (Class II or Class III)
  - Palatal impingement of lower incisors into the palatal tissue causing tissue trauma
- Cleft Palate, congenital or developmental disorder
- Anterior Crossbite (2 or more teeth and in cases where gingival stripping from the crossbite is demonstrated and not correctable by limited orthodontic treatment.)
- Unilateral posterior crossbite with deviation or bilateral posterior crossbite involving multiple teeth including at least one molar
- True Posterior open bite (Not involving partially erupted teeth or one or two teeth slightly out of occlusion and not correctable by habit therapy)
- Impacted teeth (excluding 3<sup>rd</sup> molars) cuspids and laterals only