ORTHODONTIC TREATMENT

Includes Braces and Retainers.

INFORMATION REQUIRED: Current history only

- Current history only
- Does not include orthodontic treatment
- Does not include orthodontic braces or retainers.

RECOMMENDED ORTHODONTIC TREATMENT
- Specialist Evaluation is only required if missing.
  - Clear orthodontic treatment plan must be submitted.
- Clear orthodontic treatment plan with follow-up guidelines.
  - Incomplete or unclear guidelines.
- Incomplete or unclear guidelines.

Clearance Criteria:

1. Braces removed.
2. Retentive treatment only, i.e., orthodontic retainers fixed or removable.
3. No further follow-up care recommended by provider.

- Meets clearance criteria 1.3, AND
- Active orthodontic treatment is complete.

- Meets clearance criteria 1.3, AND
- Active orthodontic treatment is not complete.

- Does not meet clearance criteria due to one or more of the following:
  - Braces present.
  - Active orthodontic treatment not complete.
  - Follow-up care recommended by provider.

DENTAL ADVISOR

CLEARANCE CRITERIA

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2. Retentive treatment only, i.e., orthodontic retainers fixed or removable.
3. No further follow-up care recommended by provider.

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  - Follow-up care recommended by provider.

DENTAL ADVISOR

CLEAR

DENTAL ADVISOR

CLEAR

DENTAL ADVISOR

DEFER

Until active treatment complete.

NOTE: Reviewers to Consider:

- None

COMMENTS:

Background: Orthodontic therapy requires monthly follow-up by an orthodontic specialist and cannot be provided in Peace Corps countries.

Effective 9/1/99 Page 1

Cross Reference ICD-9-CM Code

ORTHODONTIC TREATMENT

DENT 4.1
DENTURES
Includes Partial Dentures and Full Dentures.

INFORMATION REQUIRED  Any history:

All Applicants:
  • Standard Form 603 to include the following:
    - Assessment of fit and stability of dentures.
    - Copy of full mouth series or panorex with bitewings.

CLEARANCE CRITERIA

| 1. Dentures, full or partial. | REVIEWER | GUIDANCE |
| 2. Well fitting. | DENTAL ADVISOR | CLEAR |

Meets clearance criteria 1-2, AND
• No fractures.

Does not meet clearance criteria due to one or more of the following:
• Ill fitting
• Fractured

DIAGNOSTIC CODES

99.97 Dentures

Cross Reference  ICD.9.CM

NOTES AND INSTRUCTIONS FOR REVIEWERS:

Reviewers to Consider:
• Need for replacement or relining of dentures within the next 3 years.

COMMENTS:

Background: None
INFORMATION REQUIRED  Any history.

All Applicants:
- Standard Form 603
- Copy of full mouth series or panorex with bitewings.

<table>
<thead>
<tr>
<th>CLEARANCE CRITERIA</th>
<th>REVIEWER</th>
<th>GUIDANCE</th>
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</thead>
<tbody>
<tr>
<td>1. Restorations sound.</td>
<td>DENTAL ADVISOR</td>
<td>CLEAR</td>
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<tr>
<td>2. No, or resolved, symptoms.</td>
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<td>CLEAR</td>
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<tr>
<td>3. No complications, e.g., residual infection.</td>
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<tr>
<td>Meets clearance criteria 1-3, AND</td>
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<td>CLEAR</td>
</tr>
<tr>
<td>- Bridge</td>
<td>DENTAL ADVISOR</td>
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<tr>
<td>Meets clearance criteria 1-3, AND</td>
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<td>CLEAR</td>
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<tr>
<td>- Crown</td>
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<td>CLEAR</td>
</tr>
<tr>
<td>Meets clearance criteria 1-3, AND</td>
<td>DENTAL ADVISOR</td>
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</tr>
<tr>
<td>- Root Canal Therapy</td>
<td>DENTAL ADVISOR</td>
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<tr>
<td>Meets clearance criteria 1-3, AND</td>
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<tr>
<td>- Fillings</td>
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<tr>
<td>Meets clearance criteria 1-3, AND</td>
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<td>CLEAR</td>
</tr>
<tr>
<td>- Extraction</td>
<td>DENTAL ADVISOR</td>
<td>CLEAR</td>
</tr>
</tbody>
</table>

Does not meet clearance criteria due to one or more of the following:
- Unstable restorations.
- Current symptoms.
- Complications, e.g., residual infection.

DIAGNOSTIC CODES
23.70  Root Canal
23.43  Bridge
23.41  Crown
Cross Reference  ICD.9.CM

NOTES AND INSTRUCTIONS FOR REVIEWERS:

Reviewers to Consider:
- None
DENTAL PROCEDURES

COMMENTS:

Background: None