

ORTHODONTIC TREATMENT  
Includes Braces and Retainers.

DENT 4.1

INFORMATION REQUIRED: Current history only

All Applicants

- Standard Form 604
- Recent full mouth series of radiographs

Applicants Undergoing Active Orthodontic Treatment

- Specialist Evaluation (Orthodontist) to include the following:
  - Statement verifying removal of braces and completion of active therapy.
  - Type of retentive appliances.
  - Recommendations for follow-up over the next 5 years.

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
1. Braces removed. 2. Retentive treatment only, i.e., orthodontic retainer (fixed or removable). 3. No further follow-up care recommended by provider.		
Meets clearance criteria 1-3, AND • Active orthodontic treatment complete.	DENTAL ADVISOR	CLEAR
Meets clearance criteria 1-3, AND • Active orthodontic treatment not complete.	DENTAL ADVISOR	CLEAR
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	DEFER and seek medical guidance

DIAGNOSTIC CODES

24.1 Orthodontic Treatment

Clinical Reference: ICD9-CM

NOTES AND INSTRUCTIONS FOR REVIEWERS

Reviewed by Candidate

• None

COMMENTS:

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

## DENTURES

DENT 5.1

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	REVIEWER	GUIDANCE
1. Dentures, full or partial. 2. Well fitting.		
Meets clearance criteria 1-2, AND <ul style="list-style-type: none"><li>• No fractures.</li></ul>	DENTAL ADVISOR	CLEAR
Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"><li>• Ill fitting</li><li>• Fractured</li></ul>	DENTAL ADVISOR	<del>DEFER</del> Until dentures are repaired or replaced.

### 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

# DENTAL PROCEDURES

DENT 6.1

Includes Bridge, Crown, Root Canal Therapy, Filling, and Extraction.

## INFORMATION REQUIRED *Any history.*

### All Applicants:

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

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
<ol style="list-style-type: none"> <li>1. Restorations sound.</li> <li>2. No, or resolved, symptoms.</li> <li>3. No complications, e.g., residual infection.</li> </ol>		
<b>Meets clearance criteria 1-3, AND</b> <ul style="list-style-type: none"> <li>• <u>Bridge</u></li> </ul>	DENTAL ADVISOR	CLEAR
<b>Meets clearance criteria 1-3, AND</b> <ul style="list-style-type: none"> <li>• <u>Crown</u></li> </ul>	DENTAL ADVISOR	CLEAR
<b>Meets clearance criteria 1-3, AND</b> <ul style="list-style-type: none"> <li>• <u>Root Canal Therapy</u></li> </ul>	DENTAL ADVISOR	CLEAR
<b>Meets clearance criteria 1-3, AND</b> <ul style="list-style-type: none"> <li>• <u>Fillings</u></li> </ul>	DENTAL ADVISOR	CLEAR
<b>Meets clearance criteria 1-3, AND</b> <ul style="list-style-type: none"> <li>• <u>Extraction</u></li> </ul>	DENTAL ADVISOR	CLEAR
<b>Does not meet clearance criteria due to one or more of the following:</b> <ul style="list-style-type: none"> <li>• Unstable restorations.</li> <li>• Current symptoms.</li> <li>• Complications, e.g., residual infection.</li> </ul>	DENTAL ADVISOR	DEFER <i>Until resolved.</i>

## DIAGNOSTIC CODES

23.70 Root Canal  
 23.43 Bridge  
 23.41 Crown  
 Fillings

Cross Reference ICD.9.CM

## NOTES AND INSTRUCTIONS FOR REVIEWERS:

### Reviewers to Consider:

- None

**COMMENTS:**

Background: None