INCLUDES BRACES AND RETAINERS.

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

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 appliance.
  - Recommendations for follow-up over the next 3 years.

CLEARANCE CRITERIA

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<tr>
<th>REVIEWER</th>
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<tr>
<td>DENTAL ADVISOR</td>
<td>CLEAR</td>
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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.
- Applicants has chosen to interrupt treatment (remove braces) until after Peace Corps service.

DENTAL ADVISOR | DEFER

Until active treatment 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 | DEFER

Diagnostic Codes:
24.7 Orthodontic Treatment
Cross Reference ICD-9-CM

Notes and Instructions for Reviewers:
Reviewers to Consider:
- None

Comments:
Background: Orthodontic therapy requires monthly follow-up by an orthodontal specialist and cannot be provided in Peace Corps countries.
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.
2. Well fitting.

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

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

DENTAL ADVISOR
CLEAR

DENTAL ADVISOR
DEFER 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
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.

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**CLEARANCE CRITERIA**

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<tr>
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<tr>
<td>• Bridge</td>
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<tr>
<td>• Extraction</td>
<td>DENTAL ADVISOR</td>
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**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
Fillings

Cross Reference ICD.9.CM

**NOTES AND INSTRUCTIONS FOR REVIEWERS:**

Reviewers to Consider:
- None
**COMMENTS:**

Background: None