

Type or Print Legibly.

Check appropriate box for appropriate service

- Dentures, Oral Surgery, Partial, TMJ, Orthodontics, Other, Endodontics / Crowns

ENCLOSURES

- Study Models, X-rays, Evaluation, LTCF Plan of Care

Medicaid Legacy Number, NPI Number, Provider Name, Current Street Address, City, Street, and Zip Code, Provider Telephone No., Date Form Completed

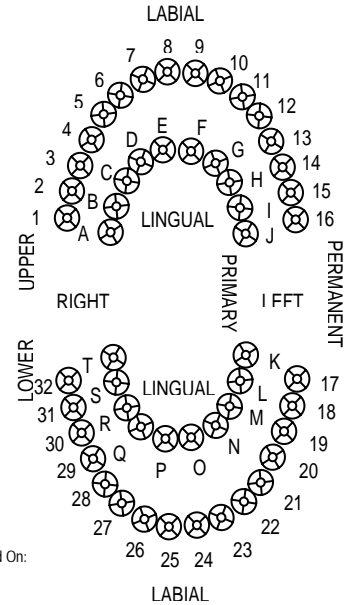
Consumer Number, Case Lot Name, First Name, Current Street Address/Facility Name and Address, City, Street, and Zip Code, Medicare/BCMH No., Patient Resides: Personal Residence, Long Term Care Facility, Other

PROSTHODONTICS TO THE BACK OF THIS FORM, ATTACH ENCLOSURES

Initial Placement, Prior Placement, Date of Prior Placement, Date of Extractions, Dentist who Extracted Teeth, Prosthodontics Placement

REQUESTED SERVICES

Table with columns: Quantity, Item or Procedure Code, Tooth Number, Usual and Customary Charge, Dates of Previous Service(s), Dates of Service(s), Dentist's Findings, Detailed Plan of Treatment



STATE USE ONLY - DO NOT COMPLETE BELOW

Table with columns: Quantity, Item or Procedure Code, Tooth Number, Usual and Customary Charge, Dentist's Findings, Detailed Plan of Treatment

Decision Based On: DETERMINED, APPROVED, DENIED

Reviewer, Date

Line No. Decision - Narrative

Distribution: Submit first copy to: Ohio Department of Job and Family Services, Prior Authorization Unit, P.O. Box 1002, Columbus, Ohio 43216-0002. Do not send invoices with prior authorization requests.

**REFERRAL EVALUATION CRITERIA FOR COMPREHENSIVE ORTHODONTIC TREATMENT**

CONSUMER NAME	CONSUMER NUMBER																		
PROVIDER NAME	MEDICAID LEGACY																		
	NPI NUMBER																		

Check the symptoms and signs of physical conditions that you observe in this patient.

**Dentofacial Abnormality**

- Marked protruding upper jaw and teeth
- Underdeveloped lower jaw and teeth, receding chin
- Excessively spaced front teeth
- Upper or lower teeth protruding so much that lips cannot be brought together without strain
- Marked protruding lower jaw and teeth
- Extremely "crooked" front teeth
- Marked asymmetry of lower face or transverse deficiencies
- Clefts of lip or face
- Abnormalities of dental development
- Other (explain on other side of page)

**Tissue Damage Related to Malocclusion**

- Marked recession of the gums
- Loosened permanent teeth
- Other (explain on other side of page)

**Mastication Related to Malocclusion**

- Extreme grimacing or excessive motions of the oral-facial muscles during swallowing
- Socially unacceptable behavior during eating because of necessary compensation for anatomic facial deviations
- Pain in jaw joints when eating
- Other (explain on other side of page)

**Respiration and Speech Related to Malocclusion**

- Postural abnormalities with breathing difficulties
- Malocclusion of jaws related to chronic mouth breathing
- Lipping or other speech articulation errors in children 9 years old or younger
- History of, or recommendation for speech therapy
- Other (explain on other side of page)

Dentist Signature	Date
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