

First Review \_\_\_\_\_  
 Second Review \_\_\_\_\_

Models \_\_\_\_\_  
 Orthocad \_\_\_\_\_  
 Ceph Films \_\_\_\_\_  
 X-Rays \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Narrative \_\_\_\_\_



DentaQuest USA Insurance Company, Inc.

**HEALTH FIRST COLORADO ORTHODONTIC CRITERIA INDEX FORM – INTERCEPTIVE ORTHODONTIC TREATMENT (D8050, D8060)**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Health First Colorado Number: \_\_\_\_\_

CRITERIA	YES	NO
Two or more teeth 6-11 in crossbite with photograph documenting 100% of the incisal edge in complete overlap with opposing tooth/teeth.		
Bilateral crossbite of teeth 3/30 and 14/19 with photographs documenting cusp overlap completely in fossa, or completely buccal / lingual of opposing teeth.		
Bilateral crossbite of teeth A/T and J/K with photographs documenting cusp overlap completely in fossa, or completely buccal or lingual of opposing tooth.		
Crowding with radiograph documenting current bony impaction of a tooth 6-11, 22-27 that requires either serial extractions or surgical exposure and guidance for the impacted tooth to erupt into the arch.		
Crowding with radiograph documenting resorption of 25% of the root of an adjacent permanent tooth.		
Unilateral crossbite with a functional shift.		

**Additional factors for consideration:**

\_\_\_\_\_

\_\_\_\_\_

Note: Only one of the listed criteria is necessary for qualification/approval of the treatment plan.

APPROVED:  DENIED:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_