

Comprehensive Orthodontic Treatment Plan Form



Please complete this form and submit to Blue Cross Blue Shield of North Dakota (BCBSND). Services will be reviewed according to a 20 point criteria.

Patient Information

Child's Name	Date of Orthodontic Evaluation
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Start by measuring overjet of the most protruding incisor. Measure overbite from La-incisal edge of overlapping incisor to point of maximum coverage. Record all measurements in the order given and round to the nearest mm.

Evaluation Information	Points
Overjet in mm	
Overbite in mm	
Mandibular protrusion in mm - Class III cases only (X 5)	
Anterior Open Bite in mm (X 4)	
Number of Impacted Anterior Teeth (upper & lower arch) (X 5)	
Moderate Crowding (allow 2 points per arch)	
Severe Crowding (allow 4 points per arch)	
Number of Teeth in Anterior Crossbite (X 2)	
Number of Teeth in Posterior Crossbite (X 2)	
Habit Which Affects Arch Development (allow 2 points)	
	Total Points

I hereby certify the above measurements are accurate to the nearest mm.

I understand the BCBSND Dental Consultant will determine medical necessity of this case prior to the start of treatment.

Provider Information

Provider Name	Date
Provider Signature	