

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PRIOR AUTHORIZATION UNIT

**ORTHODONTIC DECISION CHECKLIST**

RECIPIENT NAME	RECIPIENT I.D. NUMBER

**1. PERMANENT TEETH FULLY ERUPTED**

YES  NO

**2. OVERBITE**

YES  NO Palatal Impingement of lower incisors on the upper gingival mucosa.

YES  NO Maxillary incisors opposite to gingival mucosa of lower.

**3. OPEN-BITE**

YES  NO Anterior open-bite.

YES  NO Posterior open-bite.

**4. OVERJET**

YES  NO At least 9mm overjet (measuring from facial surface of lower incisor to incisal of upper incisor).

**5. CROSS-BITE**

YES  NO Anterior locked lingual tooth/teeth.

YES  NO Two or more teeth in same arch in posterior segment.

YES  NO Upper posterior tooth/teeth in buccal cross-bite to lower.

**6. IMPACTIONS**

Please explain position and degree


**7. BLOCKED OUT CANINES**

YES  NO

**8. HYPERTROPHIC GINGIVAE**

YES  NO Direct result of excessive crowding.

