

**West Virginia Children's Health Insurance Program
Request for Precertification for Comprehensive
Orthodontic Treatment**

Patient Name: _____ DOB: _____

I.D. Number: _____ Exam Date: _____

Provider Name: _____ Provider Phone: _____

Provider Fax: _____ Provider # _____

Complete Diagnosis:

Current Treatment Status:

Recommendation for Comprehensive Orthodontic Treatment:

Comprehensive Orthodontic Treatment – Procedure Code _____

Post-Treatment Stabilization – Procedure Code _____

Total Fee (Usual and Customary Fee) _____

Precertification from WVCHIP assures that the claim will be paid when submitted unless the child disenrolls from the plan on or before the date of service. If the request for precertification is denied, the parent or guardian is responsible for paying for the procedure if the child has it done without a precertification approval.

It is the provider's responsibility to verify eligibility by WVCHIP card or calling the WVCHIP Helpline at 1-877-982-2447.

Information Required for Assessing Handicapping Malocclusion

1. Over Jet _____ 2. Over Size _____

3. Molar Relationship R _____ L _____

4. Skeletal Relationship I _____ II _____

5. Missing Teeth _____

6. Impacted Teeth _____

7. Crowding _____

8. Cleft Palate Yes _____ No _____

9. Cross Bite

A – Anterior Teeth _____

B – Posterior Teeth L _____

C – Posterior Teeth R _____

10. Open Bite

A – Anterior Teeth _____

B – Posterior Teeth L _____

C – Posterior Teeth R _____

11. Comments: _____

Send precertification request form and documentation (panoramic Film; cephalometric tracing; cephalometric x-ray; photographs – a standard series of 5 Intra and 3 Extra Oral photographs that meets the American Board of Orthodontics standards, and treatment plan, including findings, diagnosis, prognosis, length of treatment, and phases of treatment) to:

WV Children's Health Insurance Program
350 Capitol Street, Room 251
Charleston, WV 25301

Provider's Signature

Date