

Appendix C

**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 Orthodontic Treatment:

Orthodontic Treatment – Procedure Code _____

Post-Treatment Stabilization – Procedure Code _____

Total Fee (Usual and Customary Fee) _____

Precertification from Wells Fargo assures claims will be paid when submitted EXCEPT when the child disenrolls from the plan on or before the date of service.* If the precertification request is denied, the parent or guardian is responsible for paying for procedures completed without a precertification approval.

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

Precertification for Orthodontic Treatment
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Information Required for Assessing Handicapping Malocclusion

1. Overjet _____ 2. Overbite _____
3. Molar Relationship R _____ L _____
4. Skeletal Relationship I _____ II _____ III _____
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:

Wells Fargo, TPA
P.O. Box 2451
Charleston, WV 25329-2451

Provider's Signature

Date