

ORTHODONTIC & CRANIOFACIAL REFERRAL GUIDE

This guide is intended to be used by providers as a screening tool to make appropriate referrals to California Children’s Services (CCS) for severe oral conditions.

MEDICALLY HANDICAPPING MALOCCLUSION

May result from facial trauma, genetics, early loss of primary teeth, or prolonged thumb/finger sucking habits.

Referral Criteria

- This is not a cosmetic condition. Teeth must be severely twisted, overlapped, protruded, or misaligned causing functional problems.
- Children with permanent/adult teeth (or age 13 and no older than 20)
- Proof of residence in a California county
- Family AGI income less than \$40,000 per year
- **Must not** qualify for full scope Medi-Cal
Medically handicapping malocclusion orthodontic benefits are included in Full Scope Medi-Cal coverage.
Do not refer to CCS - call Denti-Cal directly 1-800-322-6384.

CLEFT LIP/PALATE AND OTHER CRANIOFACIAL ANOMALIES

May result from trauma, genetics, or other gross facial pathology.

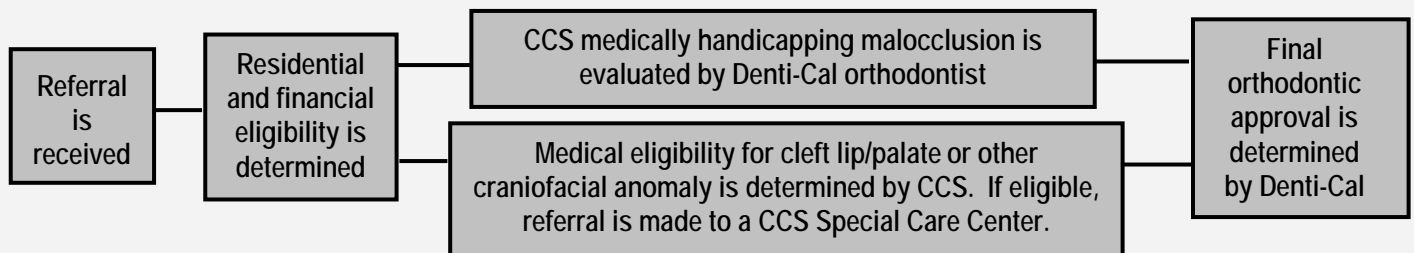
Referral Criteria

- Severe abnormalities of the mouth, jaw, and/or teeth
- Children age 0 through 20
- Proof of residence in a California county
- Family AGI income less than \$40,000 per year
- **May** qualify for full scope Medi-Cal

CCS Referral Process:

Local CCS offices are listed under county health department in the government section of the phone book or at www.dhcs.ca.gov/services/ccs. Go to “Provider Forms” for “New Referral” or “Dental/Orthodontic” requests. Client applications are found under “How to Apply”. Fax or mail completed forms to local CCS office.

CCS Eligibility Process:



CCS Benefits:

CCS covers most treatment needs including orthodontics, teeth extractions, jaw surgeries, and dental care if client is residentially, financially, and medically eligible.

Why is it Important to Refer Malocclusion & Craniofacial Anomalies Cases?

Teeth and jaws that are severely out of position compromise oral and general health. Problems may include:

- difficulty chewing
- speech impediments
- abnormal stress on jaw muscles
- poor self-esteem
- increased risk of dental decay, gum disease, & systemic infection
- uneven wear/cracking of teeth

Assessing Children's Occlusion

Pictures below may be used as a guide when assessing children's occlusion. Only children with severely misaligned teeth, cleft lip/palates, or other craniofacial anomalies should be referred.

To assess children's occlusion:

1. Check the child's front and profile views for facial asymmetry and abnormal jaw growth.
2. Have the child bite back teeth together and smile widely with lips apart. Check upper and lower teeth for protrusion, misalignment, and crowding.
3. Have the child open mouth widely. Inspect the oral cavity for soft tissue trauma and misaligned teeth.

HANDICAPPING MALOCCLUSION CONDITIONS



Deep Impinging Overbite – lower front teeth causing trauma to palate when teeth are together



Traumatic Anterior Crossbite – upper front teeth causing trauma to floor of mouth when teeth are together



Severe Overjet – one or more upper teeth protrude several millimeters past lower teeth when teeth are together



Mandibular Protrusion - lower front teeth protrude several millimeters past upper front teeth when teeth are together



Open Bite – upper front teeth do not come in contact with lower front teeth (may constantly have lips apart)



Severe Anterior Crowding – insufficient room for upper and/or lower teeth causing misalignment and/or rotation

CLEFT LIP/PALATE AND OTHER CRANIOFACIAL CONDITIONS



Cleft Lip/Palate – incomplete closure of lip/palate



Craniofacial Anomaly – traumatic, genetic, other gross pathology