



NON-INSURED HEALTH BENEFITS ORTHODONTIC SUMMARY SHEET

Section 1 : Provider Information	
Surname :	Given Name(s) :
Provider No. :	Phone No. :
Mailing Address / Office Stamp :	

Section 2 : Client Information	
Surname :	Given Name(s) :
Client Identification No. or N Number :	Date of Birth (YYYY-MM-DD) :

Section 3 : Client Health Information		
Chief Complaint (Client) :	Chief Complaint (Parent / Guardian) :	
Skeletal and Soft Tissue Analysis :		
Model Analysis :		
Special Features (Radiographic and Functional Analysis, Periodontal Assessment) :		
Oral Hygiene :		
Treatment Objectives :		
Treatment Plan :		
Active Treatment Time :	Retention Time :	Cost :
Date (YYYY-MM-DD) :		Signature of Provider :

I / we understand the nature of the proposed orthodontic treatment and the commitment required should this be approved.

Signature of Parent / Guardian

Signature of Client

ORTHODONTIC SUBMISSIONS REVIEW PROCESS AND DOCUMENTATION REQUIREMENTS

The NIHB Program must receive the complete predetermination documents prior to the client's 18th birthday for the request to be considered for review (not applicable to craniofacial anomaly cases).

Step 1: Application of Modified Handicapping Labio-Lingual Deviation (HLD) Index

- Submissions will be reviewed against the Modified HLD Index (<https://provider.express-scripts.ca/dental/forms>)
- Predetermination must be requested on one of the following completed forms : Canadian Association of Orthodontist (CAO) Standard Orthodontic Information Form, Standard Dental Claim Form, Association des Chirugiens Dentistes du Québec (ACDQ) Dental Claim and Treatment Plan Form, Computer generated form, or NIHB Dental Claim Form (DENT-29)
- Pre-treatment diagnostic records must include the following :
 - diagnostic orthodontic models (in any of the formats below)
 - physical models: either trimmed stone models or 3D– printed models with the centric occlusion position marked
 - photo models where overjet, overbite and labio-lingual spread are documented in millimeters (mm)
 - cephalometric radiograph with associated scale for calibration
 - photographs: frontal and profile views; intra-oral depicting right and left occlusal relationship as well as anterior views
 - panoramic radiograph

Note : Written confirmation of client's oral health status from the general practitioner may be requested upon the review of the case.

Step 2: Additional consideration

- Applicable in situations where the client's condition requires additional consideration beyond Step 1
- Submissions will be reviewed against all objective clinical medical/dental evidence supported with appropriate documentation for each of the following four (4) areas :
 1. Principal diagnosis and significant associated diagnoses
 2. Clinical significance or functional impairment related to any clinical signs or symptoms
 3. Specific services to be rendered and anticipated time for achievement of goals
 4. Any other relevant documentation available which may assist NIHB in making a determination of the severe and functionally handicapping malocclusion

Note:

- If all of the clinical medical/dental evidence supported with appropriate documentation listed above is provided in Step 1, it will be reviewed at Step 2
- Additional clinical medical/dental evidence supported with documentation maybe requested upon the review of Step 2
- Subjective statements submitted must be substantiated by objective clinical medical/dental evidence and supported with appropriate documentation