



# PRIOR AUTHORIZATION REQUEST FOR MEDICALLY NECESSARY ORTHODONTIA SERVICES FOR PEDIATRIC ESSENTIAL HEALTH BENEFITS

- Please submit this form with the Pre-Treatment Estimate to obtain prior authorization for medically necessary orthodontia services covered under pediatric Essential Health Benefits.
- Electronic submission is preferred, but if you need to submit paper, please send to: Blue Cross Blue Shield of Massachusetts, PO Box 986005, Boston MA 02298

MEMBER INFORMATION	
Name:	
Member ID:	
Address:	
Phone:	
Date of birth:	

ORTHODONTIST INFORMATION	
Name:	
Provider NPI:	
Address:	
Phone:	

Please describe the patient's malocclusion:

Please describe the treatment to be performed:

DOCUMENTATION CHECKLIST						
<p>For <b>comprehensive cases</b>, please submit the following documentation with form.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Photographic prints (Facial, Lateral, Occlusal)</td> <td><input type="checkbox"/> Panoramic Radiographic Image (copy)</td> <td><input type="checkbox"/> ADA Pre-treatment Claim Form</td> </tr> <tr> <td><input type="checkbox"/> <a href="#">Handicapping the Labio-Lingual Deviations</a> form</td> <td><input type="checkbox"/> Cephalometric Radiographic Image (copy)</td> <td></td> </tr> </table> <p>For <b>limited cases</b>, please submit the following with this form and the Pre-Treatment Estimate.</p> <p><input type="checkbox"/> Photographic Prints (Facial, Lateral, Occlusal)</p>	<input type="checkbox"/> Photographic prints (Facial, Lateral, Occlusal)	<input type="checkbox"/> Panoramic Radiographic Image (copy)	<input type="checkbox"/> ADA Pre-treatment Claim Form	<input type="checkbox"/> <a href="#">Handicapping the Labio-Lingual Deviations</a> form	<input type="checkbox"/> Cephalometric Radiographic Image (copy)	
<input type="checkbox"/> Photographic prints (Facial, Lateral, Occlusal)	<input type="checkbox"/> Panoramic Radiographic Image (copy)	<input type="checkbox"/> ADA Pre-treatment Claim Form				
<input type="checkbox"/> <a href="#">Handicapping the Labio-Lingual Deviations</a> form	<input type="checkbox"/> Cephalometric Radiographic Image (copy)					

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