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:
- Referral is received
- Residential and financial eligibility is determined
- CCS medically handicapping malocclusion is evaluated by Denti-Cal orthodontist
- Medical eligibility for cleft lip/palate or other craniofacial anomaly is determined by CCS. If eligible, referral is made to a CCS Special Care Center.
- Final orthodontic approval is determined by Denti-Cal

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

*CHDP – Child Health and Disability Prevention Program  **CCS – California Children’s Services
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.

HANDICAPPPING 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

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