

Iowa Medicaid and Hawki Orthodontic Medical Necessity Form

Effective October 1, 2025

Provider Name: _____ Provider NPI: _____

Patient Name: _____

Medicaid ID: _____ Patient DOB: _____

Provider should mark at least one auto-qualifying criteria. The provider is responsible for including all required documentation required for each specific qualifier (**see page 2-4**). If no auto qualifier or EPSDT review is marked, the case will be administratively denied due to insufficient information.

Automatic Qualifying (AQ) Conditions All measurements must be scaled in millimeters where applicable. Please reference page 2-4 for AQ definitions and submission requirements.	Indicate an X for condition(s) that apply
1. Jaws and/or dentition which are profoundly affected by a congenital or developmental disorder (craniofacial anomalies), trauma or pathology	
2. Overjet: 9 mm or more	
3. Reverse Overjet: 3.5 mm or more	
4. Anterior and/or Posterior crossbite of three or more teeth per arch	
5. Lateral or anterior open bite of 2 mm or more on at least four teeth per arch	
6. Impinging overbite with evidence of occlusal contact into the opposing soft tissue	
7. Impaction where eruption is impeded but extraction is not indicated (excl. 3rd molars)	
8. Two or more congenitally missing teeth of at least one tooth per quadrant (excl. 3rd molars)	
9. Crowding or spacing of 10 mm or more, in either the maxillary or mandibular arch (excl. 3rd molars)	
Requesting EPSDT Exception * Requests for orthodontia under an EPSDT exception must demonstrate severe handicapping malocclusion indicative of medical necessity. The prior authorization (PA) request must explain the significance of the members' medical need for comprehensive orthodontia.	

☐ Patient does not meet medical necessity for any of the above criteria. This form will be submitted for review, and a copy will be kept in the patient's record.

Provider Certification:

I certify that I am the referring/ prescribing provider identified below. The medical necessity information on this form and all other submitted documentation is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Provider signature: _____ **Date:** _____

(Signature and date stamps, or the signature of anyone other than the provider, are not acceptable)

Automatic Qualifier Conditions

Definitions and Submission Requirements:

- 1. Jaws and/or dentition which are profoundly affected by a congenital or developmental disorder (craniofacial anomalies), trauma or pathology:**
This condition is considered a handicapping malocclusion. For craniofacial anomalies that cannot be demonstrated with photos, models, or radiographs, providers must attach a report from the “diagnosing specialist” indicating the diagnosis, the severity and scope of diagnosis, and the resulting complications including effect of the diagnosis on occlusion, oral health and oral function. Examples of craniofacial anomalies could include cleft lip, cleft palate, hemifacial microsomia, and/or deformational plagiocephaly. These would not include normal or skeletal malocclusion. This section also includes malocclusion due to trauma. For trauma or pathology, a detailed medical history report should be submitted.
- 2. Overjet 9 mm or more:** Overjet is a measurement between two antagonistic anterior teeth (lateral or central incisors) comprising the greatest overjet and is measured from the facial surface of the most lingual mandibular tooth to the middle of the incisal edge of the more facially positioned antagonist maxillary tooth. Canines should not be used to measure overjet. The measurement could apply to a protruding single tooth as well as to the whole arch. Overjet of 9 mm or more must be demonstrated with a measuring device to verify the claimed measurement. The provider must submit a photo with the measuring device (Boley gauge, disposable ruler, or probe) in the member’s mouth, digital measure on a digital model or CBCT, or photo of models demonstrating measurement in occlusion.
- 3. Reverse overjet 3.5 mm or more:** Negative or Reverse overjet: measure from the facial surface of the maxillary tooth to the middle of the incisal edge of the antagonist mandibular tooth. Reverse overjet of 3.5 mm or greater must be demonstrated with a measuring device to verify the claimed measurement. The provider must submit a photo with the measuring device (Boley gauge, disposable ruler, or probe) in the member’s mouth, digital measure on a digital model or CBCT, or photo of models demonstrating measurement in occlusion.

4. **Anterior and/or posterior crossbite of three or more teeth per arch:** The posterior crossbite must be one in which the maxillary posterior teeth involved may either be both completely palatal or both completely buccal in relation to the mandibular posterior teeth. A posterior crossbite involves two or more adjacent teeth, and one tooth must be a molar. The anterior crossbite must be one in which three or more of the anterior maxillary teeth are >0 mm lingual to the opposing anterior mandibular teeth. There must be no functional contact between upper and lower teeth to qualify as a handicapping malocclusion.

5. **Lateral or anterior open bite of 2 mm or more on at least four teeth per arch:** This condition applies to a dental or skeletal open bite. This measure should only be taken on fully erupted teeth. A single tooth in ectopic eruption does not qualify as a skeletal or dental open bite. For anterior teeth, the measurement should be placed from incisal edge to incisal edge, and for posterior teeth, the measurement should be from cusp tip to cusp tip of antagonistic teeth. This condition must be demonstrated with a measuring device to verify the claimed measurement. The provider must submit a photo with the measuring device (Boley gauge, disposable ruler, or probe) in the member's mouth, digital measure on a digital model or CBCT, or photo of models demonstrating measurement in occlusion.

6. **Impinging overbite with evidence of occlusal contact into the opposing soft tissue:** Tooth contact with the palate or gingiva must be clearly evident in mouth. It must be reproducible and visible. On the submitted documentation, the lower incisors must be clearly touching the palate and there must be clear evidence of significant contact and soft tissue damage (lower incisor contact only on the palate is not sufficient). A well-lit, color photo of the maxillary arch that clearly demonstrates the resulting soft tissue damage is required. If the impinging overbite is questionable, a photo of the study models or electronic 3D models from the lingual view, demonstrating the impingement, should be included (heat map view of the upper tissue could help with the documentation).

7. **Impactions where eruption is impeded but extraction is not indicated (excluding third molars):** Must be obviously impacted against roots of an adjacent tooth. An unerupted or partially erupted tooth will not be considered impacted. If it is questionable that the tooth will erupt on its own with sufficient jaw development, the case will be denied. The case can be resubmitted in 12 months with a new radiograph. This will be compared with the original radiograph to determine if the tooth is erupting.
8. **Two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant:** The member should have two or more congenitally missing teeth. All congenitally missing teeth cannot be in the same quadrant. This means at least two quadrants must be affected by the missing teeth. Teeth that are missing due to extraction (or other loss) will not be considered under this section. Do not count when substituting deciduous (baby) teeth for missing (permanent) succedaneous teeth.
9. **Crowding or spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars) but not a combined score of maxillary and mandibular arches:** If the submitted documentation does not appear to clearly establish the requirement of 10mm or more of crowding or spacing, photo(s) must be included. The provider must submit a photo with the measuring device (Boley gauge, disposable ruler, or probe) in the member's mouth, digital measure on a digital model or CBCT, or photo of models demonstrating measurement in occlusion.

Qualified by Early Periodic Screening Diagnosis and Treatment (EPSDT)

Exception: Through EPSDT benefits, individuals under the age of 21 receive comprehensive dental care such as periodic and routine dental services needed for restoration of teeth, prevention of oral disease and maintenance of dental health. The EPSDT program assures children receive the full range of necessary dental services, including orthodontia when shown to be medically necessary including severe handicapping malocclusion and prior authorized by Iowa Medicaid or the contracted dental plans.