

Orthodontic Procedures DEN-002

Iowa Medicaid Program:	Prior Authorization	Effective Date:	8/1/2009
Revision Number:	8	Last Rev Date:	1/19/2024
Reviewed By:	Orthodontic Consultant, MMD	Next Rev Date:	1/17/2025
Approved By:	Medicaid Clinical Advisory Committee	Approved Date:	9/20/2019

Criteria

Prior authorization is required.

Requests for approval must be submitted with **ALL** the following:

1. An interpreted cephalometric radiograph; **AND**
2. **ONE** of the following:
 - a. Study models (trimmed so that the models simulate centric occlusion of the patient);
OR
 - b. 3D scans; **OR**
 - c. Intra oral photo series; **AND**
3. A panoramic or full mouth survey; **AND**
4. A written plan of treatment must accompany the diagnostic aids.

Iowa Medicaid may approve orthodontic procedures to treat the most handicapping malocclusions in a manner consistent with “Handicapping Malocclusion Assessment to Establish Treatment Priority,” by J.A. Salzman, DDS., American Journal of Orthodontics, October 1968.

Effective September 1, 2011, a score of 26 or higher will be needed for approval of comprehensive orthodontic treatment. Phase I treatment and/or minor treatment with orthodontic appliances will be approved if the patient demonstrates crossbite, severe crowding, impacted teeth, and/or other circumstances that would otherwise cause significant dental problems if left untreated.

Post-treatment records must be furnished upon request of QIO Services.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

CPT	Description
D8080	Comprehensive orthodontic treatment of the adolescent dentition.

Compliance



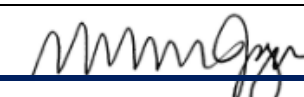
1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.


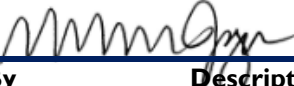

References

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
Signature			
Change Date	Changed By	Description of Change	Version
Signature			
Change Date	Changed By	Description of Change	Version
1/19/2024	CAC	Annual review.	8
Signature William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
1/20/2023	CAC	Annual review by orthodontic provider.	7
Signature William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
10/21/2022	CAC	Annual review by orthodontic provider.	6
Signature William (Bill) Jagiello, DO 			

Criteria Change History (continued)

Change Date	Changed By	Description of Change	Version
10/15/2021	CAC	Annual review by orthodontic provider; no changes required.	5
Signature William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
10/16/2020	CAC	Annual review.	4
Signature William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
9/19/2019	Policy	Revised Item #2 to: One of the following: <ul style="list-style-type: none"> • Study models (trimmed so that the models simulate centric occlusion of the patient). • 3D scans. • Intra oral photo series. 	3
Signature Mark E. Randleman, DO 			
Change Date	Changed By	Description of Change	Version
9/18/2019	Orthodontic Consultant	Added "OR 3D scan and intraoral photo series are acceptable" to Item #2.	2
Signature			
Change Date	Changed By	Description of Change	Version
4/17/2015	Medical Director	Added paragraph in References.	1
Signature Jason Kessler, MD 