



Orthodontic Procedures DEN-002

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|------------------------------|--------------------------------------|-----------------------|------------|
| Iowa Medicaid Program | Prior Authorization | Effective Date | 08/01/2009 |
| Revision Number | 9 | Last Reviewed | 01/17/2025 |
| Reviewed By | Dental Consultant, DDS | Next Review | 01/16/2026 |
| Approved By | Medicaid Clinical Advisory Committee | Approved Date | 09/20/2019 |

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. Salzmann, 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 CDT code is inappropriate.

| CDT | 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 |
|-----------------------------|------------------------|--|----------------|
| [mm/dd/yyyy] | | | [#] |
| Signature | | | |
| Change Date | Changed By | Description of Change | Version |
| 01/17/2025 | CAC | Annual review by orthodontic provider. | 9 |
| Signature | | | |
| William (Bill) Jagiello, DO | |  | |
| Change Date | Changed By | Description of Change | Version |
| 01/19/2024 | CAC | Annual review by orthodontic provider. | 8 |
| Signature | | | |
| William (Bill) Jagiello, DO | |  | |
| Change Date | Changed By | Description of Change | Version |
| 01/20/2023 | 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 | |  | |
| 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 |
| 09/19/2019 | 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 |
| 09/18/2019 | 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 |
| 04/17/2015 | Medical Director | Added paragraph in References. | 1 |
| Signature | | | |
| Jason Kessler, MD | |  | |

CAC = Medicaid Clinical Advisory Committee