

Utah Medicaid Index of Orthodontic Treatment Need (IOTN) Medical Necessity Score Sheet

Member's name
Date of birth
Provider's name

Medicaid ID number
Date of assessment
Specialty

Directions for providers:

- All records and measurements must be performed with the member's teeth in centric occlusion.
- All measurements must be recorded in millimeters, rounding up to the next full millimeter if necessary.
- Prior authorization is **required** for orthodontic treatment. The following items **must** be submitted with the completed PA form:
 - ☐ Quality orthodontic records that support the condition(s) selected on the IOTN form
 - ☐ A treatment plan that includes a complete narrative and total treatment time
 - ☐ The IOTN form filled out in its entirety
 - ☐ Color diagnostic quality photographs, with the standard eight-photo collage template
 - ☐ Appropriate radiographs, including a panoramic x-ray
 - ☐ A cephalometric x-ray with a millimeter scale, if applicable
 - ☐ A letter from an oral surgeon for surgical corrections
 - ☐ While not required, submitting six digital images of diagnostic quality study models (or the equivalent) is recommended. These images should show the study model in centric occlusion for the first four views and include occlusal views of the upper and lower arches.

Automatic qualifying conditions for comprehensive orthodontic treatment (select one)

- ☐ Cleft lip and palate with associated ICD codes on claim form.
- ☐ Severe misalignment of the teeth or alveolar structures due to trauma or injury. There must be an associated issue from the injury needing ortho treatment, not just avulsion.
- ☐ Increased overjet greater than 9mm with incompetent lips. Should be measured from the labial surface of the mandibular incisor to the lingual surface of the maxillary incisor at the level of the edge of the upper incisor parallel to the occlusal plane.
- ☐ Reverse overjet (anterior crossbite) greater than 3.5mm with reported masticatory or speech difficulties. Should be measured from the labial surface of the maxillary incisor to the lingual surface of the mandibular incisor at the level of the edge of the upper incisor parallel to the occlusal plane.
- ☐ Posterior crossbite with an associated midline deviation and mandibular shift, a Brodie bite with a mandibular arch totally encumbered by an overlapping buccally occluding maxillary arch, or a posterior maxillary arch totally lingually malpositioned to the mandibular arch.
- ☐ Impacted cuspids, unerupted with radiographic evidence to support a diagnosis of impactions (lack of eruptive space, angularly malposed, totally embedded in bone).
- ☐ Surgical correction of a non-functional CII (2) malocclusion.*
- ☐ Surgical correction of a non-functional CIII (3) malocclusion.*

- ☐ Surgical correction of a skeletal open bite.*
- ☐ Surgical correction of a severe facial and or skeletal asymmetry with masticatory dysfunction.*

*Surgical correction must be age-appropriate at cessation of growth and must be accompanied by an oral surgeon's letter.

Other qualifying conditions (two or more) for comprehensive orthodontic treatment

- ☐ Extensive hypodontia with restorative implications (more than one tooth missing in any quadrant, excluding 3rd molars) requiring pre-restorative orthodontics.
- ☐ Full cusp Class II malocclusion with the distal buccal cusp of the maxillary first molar occluding in the mesial buccal groove of the mandibular first molar.
- ☐ Full cusp Class III malocclusion with the maxillary first molar occluding in the embrasure distal to the mandibular first molar or on the distal incline of mandibular molar distal buccal cusp.
- ☐ Increased overjet, greater than 6mm but less than or equal to 9mm. Should be measured from the labial surface of the mandibular incisor to the lingual surface of the maxillary incisor at the level of the edge of the upper incisor parallel to the occlusal plane.
- ☐ Reverse overjet less than or equal to 3.5mm. Should be measured from the labial surface of the maxillary incisor to the lingual surface of the mandibular incisor at the level of the edge of the upper incisor parallel to the occlusal plane.
- ☐ Anterior crossbite which shall include one or more incisors in crossbite and demonstrate gingival inflammation, gingival recessions, or severe enamel wear.
- ☐ Complete, impinging overbite causing visible indentations on the palate or labial gingiva, observable on submitted records. Overbite is defined as the vertical overlap of maxillary teeth over mandibular anterior teeth, measured perpendicular to the occlusal plane.
- ☐ Tooth impaction (except for the 3rd molars); unerupted with radiographic evidence to support a diagnosis of impaction (lack of eruptive space, angularly malposed, totally imbedded in the bone). Ectopically erupted anterior teeth which may be malposed but have erupted into the oral cavity are not a qualifying element.
- ☐ Anterior crowding in excess of 6mm in the mandibular arch.
- ☐ Anterior open bite demonstrating that all maxillary and mandibular incisors have no occlusal contact and are separated by a vertical measurement in excess of 6mm.
- ☐ Posterior open bite demonstrating a vertical separation by a measurement in excess of 5mm of several posterior teeth. Not to be confused with the delayed natural eruption of a few teeth.
- ☐ Generalized anterior spacing in both arches of greater than 6mm in each arch, as measured from mesial of canine to canine.

Exceptions to the approved criteria may be evaluated on a case-by-case basis.

Comments:

I certify that the medical necessity information in this form is true, accurate, and complete to the best of my knowledge.

Provider's signature: _____ **Date:** _____