

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

## Background

The American Association of Orthodontists and the American Association of Pediatric Dentists have recommended that an auto-qualified method be used to determine medical necessity for orthodontic treatment in lieu of an index-based method, such as the Salzmann Evaluation Index.

The Utah Index of Orthodontic Treatment Need Medical Necessity Score Sheet (IOTN form) is an auto-qualified tool developed by Utah Medicaid to determine medical necessity for orthodontic treatment. The IOTN form replaces the Salzmann Index that has been used previously.

With the IOTN form, any eligible Medicaid member would be **APPROVED** when **ONE** of the 'Automatic Qualifying Conditions' or **TWO OR MORE** of the 'Other Qualifying Conditions' are met and validated through review of submitted orthodontic records.

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## Instructions

An eligible member meets medical necessity for orthodontic treatment if they have **EITHER** an 'Automatic Qualifying Condition' **OR** have two or more 'Other Qualifying Conditions'. These conditions are listed on the IOTN form.

The 'Automatic Qualifying Conditions' section lists conditions that, if present, automatically qualify a member for comprehensive orthodontic treatment. If a surgical correction is needed, a letter from an Oral Surgeon must be submitted with the prior authorization (PA) form. For any of the surgical qualifying conditions, the correction *must* be age-appropriate at the cessation of growth. If the member has one of these conditions, the 'Other Qualifying Conditions (Two or More)' section does not need to be completed.

The 'Other Qualifying Conditions (Two or More)' section lists conditions that, if two or more are present, qualifies a member for comprehensive orthodontic treatment. If the member has two or more of these conditions, the 'Automatic Qualifying Conditions' section does not need to be completed.

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## Guidelines for Assessment and Prior Authorization

All records and measurements must be clearly documented and visible 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 (PA) is required for orthodontic treatment. All new PA requests submitted on or after January 1, 2026, must use the IOTN form. Any PA requests that include the Salzmann Index instead of the IOTN form will be denied. PA requests that were submitted *before* January 1, 2026, using the Salzmann Index are not affected by the change.

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
- 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.

**Please note:** All qualifying conditions must be validated through review of submitted orthodontic records *before* the PA can be approved.

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## Additional Information

For more information about Orthodontics, please refer to the [Dental, Oral Maxillofacial, and Orthodontia Services provider manual](#). For code-specific information, please refer to the [PRISM Coverage and Reimbursement Code Lookup Tool](#).