Ohio Revised Form 03630 Scoring Guidebook

1/1/2026

Overview

The Ohio Department of Medicaid (ODM) revised Form 03630 in September 2025 for a January 1, 2026 effective date. The "Revised ODM Form 03630" replaces all previously existing versions of Form 03630 and their included criteria. The Revised Form is for evaluation of medical necessity for comprehensive orthodontic treatment only. Refer to the description for cases meeting the definition of D8080 (Comprehensive Orthodontic Treatment of the Adolescent Dentition) in box found at the top of page 1 of Form 03630.

Purpose and Use of Form 03630

Form 03630 is used to identify, score, and record conditions to help evaluate the potential of meeting medical necessity criteria to establish benefit eligibility for comprehensive orthodontic treatment. Form 03630 is three pages in length. Page 1 includes the scoring section to determine benefit eligibility. Pages 2 and 3 contain data entry boxes for provider and Managed Care Entity (MCE) entries of additional notes for consideration, as well as comprehensive scoring and measuring instructions for Section B Conditions. Section B Conditions include areas of potential benefit eligibility that do not meet Auto-Qualifying (AQ) criteria.

Required Documentation to Evaluate for Comprehensive Orthodontic Treatment

- Current (within 6 months) and dated **diagnostic quality** lateral cephalometric image with a calibration gauge on the image – teeth must be in centric occlusion with lips relaxed
- Current (within 6 months) and dated **diagnostic quality** panoramic image
- Eight (8) **diagnostic quality, <u>full color</u>** photo images as follows:
    - Three (3) extraoral images – teeth in centric occlusion with lips relaxed
        - Frontal face, frontal posed smile, and right lateral facial view
    - Five (5) intraoral images
        - Right, left, and frontal views with teeth in centric occlusion
        - Maxillary and mandibular occlusal views

Additional Required Supporting Documentation

- A definitive diagnosis and comprehensive treatment plan with treatment timeline

- Clinical chart/treatment notes documenting conditions supporting the diagnosis and treatment plan
- When psychosocial injury or speech-related medical necessity is a consideration
    - Letter of definitive psychosocial injury diagnosis and treatment notes from the member's psychiatrist, psychologist, or speech pathologist/therapist

Basic Procedures for Documenting Conditions on ODM Form 03630

Revised Form 03630 (9/2025) **MUST** be used for all D8080-eligible comprehensive orthodontic case submissions beginning 1/1/2026. All previous versions of Form 03630 are no longer valid, nor accepted.

Use of a plastic millimeter (mm) ruler, Boley gauge, periodontal probe with clear 1.0 mm markings from 1.0-10.0 mm, and/or a calibrated lateral cephalometric radiograph **MUST** be included and used with submitted image documents when measurements are required.

Enter the patient's name, Medicaid ID#, and date of birth on the top section of Form 03630 and mark the box for the D8080 case-qualifying section (A, B, or C), whichever is applicable.

Remember to position the patient's teeth in centric occlusion for photos and cephalometric radiographs with lips at rest for both.

Record all measurements in the order given and round measurements to the **nearest** mm.

Completion and Affirmation of Form 03630 Information Integrity

Once Sections A, B, and/or C are completed, you **MUST** add the required information in the blank boxes below the Section C header at the bottom of page 1. The treating provider's signature, along with the date signed, must be included on this form. This signature **attests** to the accuracy and truthfulness of the information included within Form 03630. Make sure to include the treating provider's printed name, NPI#, and phone number in the appropriate boxes.

Remember: The submitting provider is legally responsible for entries made by office staff members.

FRAUD Alert

Intentionally submitting inflated measurements and/or false scoring to obtain orthodontic benefits approval and receiving reimbursement based on inflated/false scoring may be a violation of Ohio Administrative Code (OAC) Rule 5160-1-29 (Medicaid Fraud, Waste, and Abuse).

Routinely submitting cases for approval that obviously would not qualify for case approval may also violate OAC 5160-1-29. If a parent/guardian insists on case submission, enter a note in Section C.

Understanding and Scoring of Auto-Qualifiers (AQ) in Section A

Section A lists seven (7) auto-qualifying conditions. These conditions are specific with elements that **MUST** be present for the condition to qualify for medical necessity.

> **For example:** An impinging overbite with photo evidence of palatal soft tissue laceration or clinical attachment loss demonstrates an approvable auto-qualifying condition. An impinging overbite with **NO** photo evidence of either palatal soft tissue laceration or clinical attachment loss is **NOT** approvable as an auto-qualifying condition; however, the impinging overbite without the required conditions may still be considered under Section B Conditions.

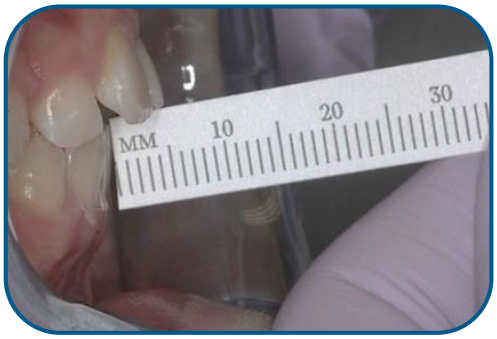
Section A – Auto-Qualifying Conditions (AQs)

1. Overjet

a. The overjet **MUST** be greater than 9.0 mm when measured with a mm ruler, Boley gauge, periodontal probe, or calibrated lateral cephalometric radiograph with a mm ruler evident in the image.

b. The patient's teeth **MUST** be in centric occlusion.

c. The measurement **MUST** be made from the labial surface of the mandibular central incisor to the incisal edge of the maxillary central incisor while the measuring instrument is parallel to the occlusal plane.



2. Reverse Overjet

a. The reverse overjet **MUST** be greater than 3.5 mm when measured with a mm ruler, Boley gauge, periodontal probe, or calibrated lateral cephalometric radiograph with a mm ruler evident in the image.

b. The patient's teeth **MUST** be in centric occlusion.

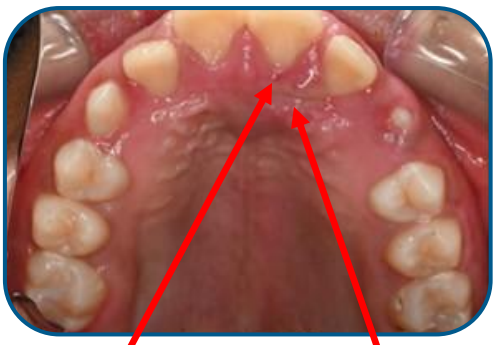
c. Measurement **MUST** be made from the labial surface of the most labial mandibular incisor to the incisal edge of the maxillary incisor counterpart while the measuring instrument is parallel to the occlusal plane.

3. Anterior Crossbite

a. The anterior crossbite **MUST** involve two (2) or more anterior teeth and have photo evidence of gingival recession evidenced by reduced keratinized facial tissue relative to adjacent incisors.

4. Impinging Overbite

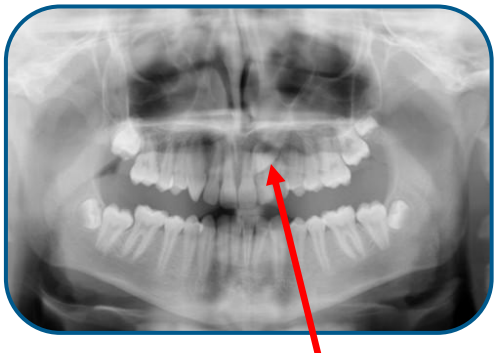
a. For an impinging overbite, one of the following conditions **MUST** be present and verified.
   i. Photo evidence of palatal soft tissue laceration or
   ii. Clinical attachment loss as shown in a close-up photo of the injured area.



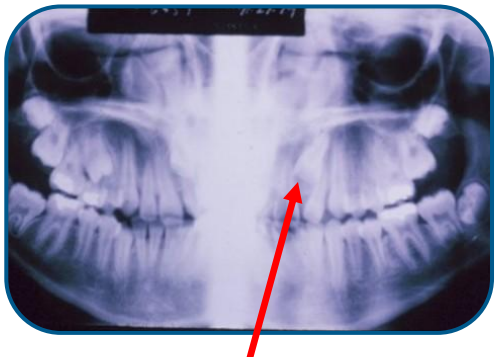
Attachment Loss *Tissue Laceration*

5. Anterior Impactions

a. Anterior Impactions – **MUST** have both the following conditions present
   i. Eruption is impeded as compared to the contralateral tooth and root formation of the impacted tooth is advanced beyond its eruption status
   ii. Extraction of the impacted tooth is not indicated



Impacted and ectopic maxillary left canine



Impacted maxillary left central incisor

6. Jaw Disorders

a. For jaw disorders, the jaw and/or dentition **MUST** be profoundly affected by one of the following conditions as supported by diagnostic photos and radiographs
   i. Congenital disorder
   ii. Developmental disorder (craniofacial anomalies)
   iii. Trauma
   iv. Pathology

7. Anterior Maxillary Crowding

a. Maxillary anterior crowding **MUST** be greater than 8.0 mm in the maxillary arch **only**
b. You may **only** score fully erupted incisors and canines
c. Mild rotations that may react favorably to stripping or mild expansion procedures are **NOT** to be scored as crowded
d. A supplemental intraoral occlusal photo of the maxillary canine-to-canine area, including a millimeter ruler, **MUST** be submitted

Supplemental Photo Example

Scoring of Section B Conditions

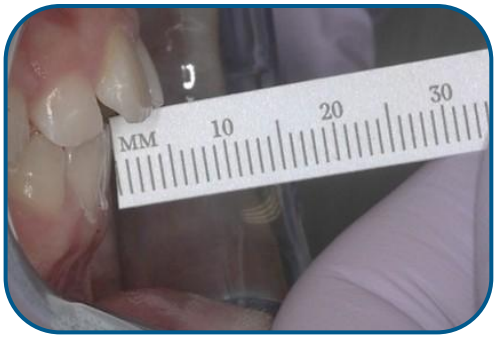
Section B includes 13 confounding conditions numbered 8 through 19-B where multiple conditions, none of which qualify as an AQ, may be combined to result in a case approved as medically necessary.

Each condition is scored separately using the instruction section on pages 2 and 3, and a total score of 22 points is required to achieve a medical necessity case approval. If a condition is present, follow the instructions and enter the appropriate point value on the condition line under the Provider column. If a condition is absent, enter a score of "0" under the Provider column.

Section B – Other Confounding Conditions

8. Overjet

a. The overjet **MUST** be greater than 2.0 mm when measured with a mm ruler, Boley gauge, periodontal probe, or calibrated lateral cephalometric radiograph with a mm ruler evident in the image.
b. The patient's teeth **MUST** be in centric occlusion.
c. The measurement **MUST** be made from the labial surface of the mandibular central incisor to the incisal edge of the maxillary central incisor while the measuring instrument is parallel to the occlusal plane.
d. Only use central incisors. The measurement may apply to only one (1) tooth if it is severely protrusive. Enter measurement if greater than 2 mm and multiply by one (1).
e. If measurement is 2.0 mm or less, enter a score of "0"



9. Overbite

a. For overbite, the patient's teeth **MUST** be in centric occlusion
b. Using a pencil (or wax marker), hold the pencil parallel to the occlusal plane at the incisal edge of the maxillary central incisor and place a mark on the mandibular central incisor (**only central incisors may be used for measurements**)
c. Measure from the pencil mark to the incisal edge of the mandibular central incisor and include a substantiating photo
d. Only measurements greater than 2.0 mm may be entered on the line in the Provider column on Page 1
e. If measurement is 2.0 mm or less, enter a score of "0"

Mark the overbite with a wax marker

Have the patient open and measure from the incisal edge to the mark

10. Reverse Overjet

a. For a reverse overjet, measure with a mm ruler, Boley gauge, periodontal probe, or calibrated lateral cephalometric radiograph with a mm ruler evident in the image.
b. The patient's teeth **MUST** be in centric occlusion.
c. Measurement **MUST** be made from the labial surface of the most labial mandibular incisor to the incisal edge of the maxillary incisor counterpart while the measuring instrument is parallel to the occlusal plane.

d. Multiply the measurement by 5 and enter the resultant number on the Provider column line on Page 1.

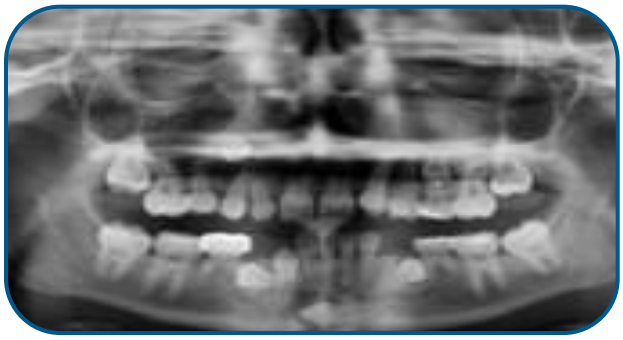
11. Open Bite

a. Using a millimeter ruler, Boley gauge, or calibrated lateral cephalometric radiograph, measure from the labial surface of the incisal edge of the maxillary central incisor to the labial surface of the mandibular central incisor parallel to the occlusal plane.
b. Patient's teeth **MUST** be in centric occlusion.
c. Include a supplemental photo showing the measurement.
d. Multiply the measurement by 4 and enter the resultant number on the Provider column line on Page 1.

12. Ectopic Eruption

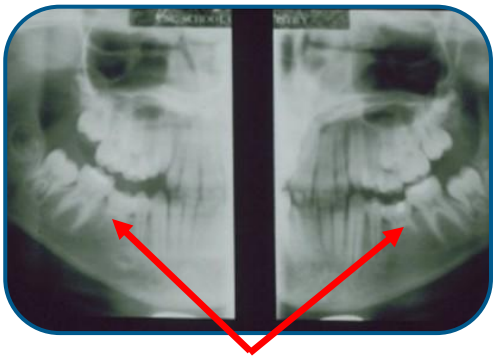
a. The indicated tooth must be in an unusual eruption pattern, such as a high canine or other teeth erupting bodily out of the line of occlusion and showing displacement, impaction, or resorption of adjacent teeth.
b. Count the number of ectopic teeth, multiply that number by 3 and enter the resultant number on the line in the Provider column.
c. If anterior crowding of either arch is claimed, ectopic eruption **MUST** be scored as "0".

Ectopic Eruption of Multiple Teeth



13. Congenitally Missing Posterior Teeth

a. Third molars are excluded from counting.
b. Only congenitally missing posterior teeth may be counted and must be missing compared to present contralateral tooth or absent age appropriately or for developmental sequence documented by a panoramic radiograph.
c. Count the applicable missing teeth and multiply that number by 3 and enter the resultant number on the line in the Provider column.



Missing bilateral mandibular

Missing bilateral maxillary first and second premolars and mandibular second premolars

14. Maxillary Anterior Crowding

a. Anterior arch length insufficiency **MUST** exceed 3.5 mm.
b. Score only fully erupted incisors and canines.
c. Mild rotations that may react favorably to stripping or mild expansion procedures may **NOT** be scored as crowded.
d. If greater than 3.5 mm, enter a score of 5 in the Provider column.
e. Include supplemental maxillary occlusal photos using a millimeter ruler.

Supplemental Photo Example

15. Mandibular Anterior Crowding

a. Anterior arch length insufficiency **MUST** exceed 3.5 mm.
b. Score only fully erupted incisors and canines.
c. Mild rotations that may react favorably to stripping or mild expansion procedures may **NOT** be scored as crowded.
d. If greater than 3.5 mm, enter a score of 5 in the Provider column.
e. Include supplemental mandibular occlusal photos using a millimeter ruler.

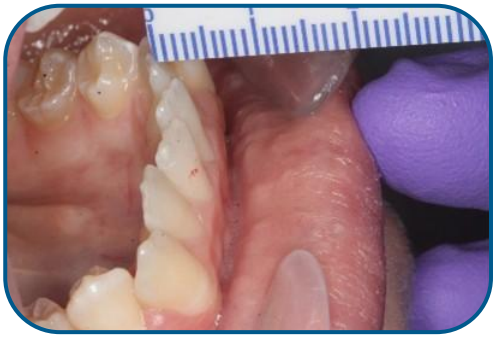
Supplemental Photo Example

16. Labio-Lingual Spread

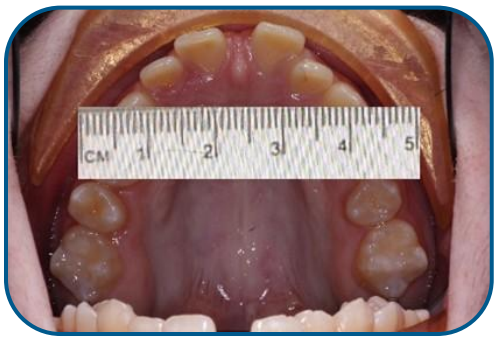
a. Using a millimeter ruler or Boley gauge, measure the deviation from a normal arch, and show the measurement with a supplemental photo.
b. Where there is only a protruded or lingually displaced anterior tooth, measure from the incisal edge to the normal arch line.

c. Otherwise, the total distance between the most protruded tooth and the lingually displaced anterior tooth is measured.
d. If multiple teeth are crowded, only use the most severe tooth.
e. Alternatively, anterior spacing may be measured as the combined spacing from the mesial of one canine to the mesial of the other canine for both arches.
f. Use the greater score of these two methods and enter the number in the line under the Provider column.

Example: one tooth



Example: lingual to facial tooth



Example: spacing

17. Posterior Crossbite

a. Requires the presence of **two or more posterior teeth** in crossbite.
b. One of the teeth **MUST** be a **permanent molar**.
c. Posterior crossbite **MUST** show a maxillary tooth palatal to the normal relationship or be completely buccal to the mandibular posterior tooth.
    i. If either condition is present, enter a score of 4 under the Provider column.

18. Posterior Impactions

a. Third molars are excluded.
b. Eruption **MUST** be impeded, and extraction is not indicated, and documented by a panoramic radiographic image.
c. Count the number of qualifying teeth and multiply that number by 3, then enter the resultant number on the line in the Provider column.

19. A. Psychosocial Injury

a. For psychosocial injury, the patient's malocclusion **MUST** substantially contribute to the patient's clinically significant distress or impaired psychosocial functioning.
b. The condition **MUST** be supported by a diagnosis verified with documentation from a psychologist or psychiatrist following an examination or interview.
c. If the condition is supported, enter a score of 10 on the line in the Provider column.
d. Combine the 10 points with the point values from Conditions 8, 10, 11, 12, 14 and 16 for total scoring.
e. 22 or more points from this condition are required for approval.

19. B. Speech Impairment

a. For speech impairment, the patient's malocclusion **MUST** be the cause of the patient's speech impairment.

b. The condition **MUST** be supported by a diagnosis verified with documentation from a speech therapist following an examination or interview.
c. If the condition is supported, enter a score of 10 on the line in the Provider column.
d. Combine the 10 points with the point values from Conditions 8, 10, 11, 16, and 17 for total scoring.
e. 22 or more points from this condition are required for approval.

Condition B Limitations

- Overjet and reverse overjet **may not** be claimed on the same patient
- Overbite and open bite **may not** be claimed on the same patient
- Ectopic eruption and anterior crowding in the same arch **may not** be claimed on the same patient – one of the two **MUST** be scored as "0"
- Only one of Conditions 19-A or 19-B may be combined with the additional Conditions identified under the instructions for 19-A and 19-B for total scoring

Section C Considerations

Mark the box for Section C if your patient does not meet any of the AQs and the Section B Conditions scoring is less than 22 points, but you feel there are other circumstances to consider.

- Enter the applicable conditions and supporting notes in the "Other Conditions and Provider Notes" block at the top of page 2 on Form 03630
- Submit additional supporting documentation with the prior authorization request

MCE (the Plan) Review of D8080 Prior Authorization Requests

Provider submissions of prior authorization requests must contain the 9/2025 revised Form 03630 and the required documentation. Failure to provide complete documentation will result in a prior authorization denial due to missing required information and will require resubmission along with the required documents.

Prior authorizations submitted with complete documentation will be reviewed by a Plan dentist reviewer (Reviewer). The Reviewer must enter the scoring information as determined by the Reviewer in the "Plan Only" column of Form 03630.

The Plan must retain the Reviewer-scored Form 03630 in the member's file/record and make it available to the Provider upon request. The Provider may request a peer-to-peer discussion to review the Reviewer's assessment and to consider additional supporting information.