

Texas Medicaid Plan: Level 1

**Texas Medicaid Services Orthodontic Program
Criteria for Disabling Malocclusion**

Name (First, middle, Last) _____ DOB _____ Subscriber _____

Address: _____ City, State zip code: _____

Telephone # _____ Group Name _____ Plan Type _____

Level I: Dedicated to resolution of early signs of handicapping malocclusion in the early mixed dentition which may significantly impact the health of the developing dentition, alveolar bone, and symmetrical growth of the skeletal framework. (Presence of the maxillary and mandibular permanent molars, and the maxillary and mandibular incisors fully erupted, and deciduous teeth shall constitute the early mixed dentition.)

- Anterior crossbite that is associated with clinically apparent severe gingival inflammation and/or gingival recession, or severe enamel wear.
- Posterior crossbite with an associated midline deviation and asymmetric closure pattern.
- Dental cross bites, other than the above described shall not be eligible for treatment in Level I.

Comments

Texas Medicaid Plan: Level 2

Texas Medicaid Services Orthodontic Program Criteria for Disabling Malocclusion

Name (First, middle, Last) _____ DOB _____ Subscriber _____

Address: _____ City, State zip code: _____

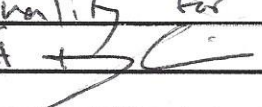
Telephone # _____ Group Name _____ Plan Type _____

Level II: Dedicated to resolution of handicapping malocclusion in the transitional dentition; the final phase of the transition from primary to adolescent dentition wherein the succedaneous permanent teeth are emerging or about to emerge.

Qualification for treatment at Level II requires submission of documentation to support the classification of handicapping malocclusion. FOUR of the following conditions shall be clearly apparent in the supporting documentation:

- 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.
- Overbite measurement shall be in excess of 5 mm.
- Overjet measurement shall be in excess of 8 mm.
- More than four congenitally absent teeth, one or more of which shall include an anterior tooth/ or teeth.
- Anterior crowding shall be in excess of 6 mm. in the mandibular arch.
- Anterior cross bite of more than two of the four maxillary incisors.
- Generalized spacing in both arches of greater than 6 mm. in each arch.
- Recognition of early impacted maxillary canine or canines. Radiographs shall support the diagnosis demonstrating a severe mesial angulation of the erupting canine and the crown of the canine superimposed and crossing the image of the maxillary lateral incisor.

Comments

Pt does not qualify for ortho
treatment + 

Texas Medicaid Plan: Level 3

Texas Medicaid Services Orthodontic Program Criteria for Disabling Malocclusion

Name (First, middle, Last) _____ DOB _____ Subscriber _____

Address: _____ City, State zip code: _____

Telephone # _____ Group Name _____ Plan Type _____

Level III: Dedicated to resolution of handicapping malocclusion in the adolescent dentition; complete eruption of the permanent dentition with the possible exception of full eruption of the second molars.

Qualification for treatment at Level III requires submission of documentation to support the classification of handicapping malocclusion. FOUR of the following conditions shall be clearly apparent in the supporting documentation.

- o Full cusp Class II molar malocclusion as described in Level II.
- o Full cusp Class III molar malocclusion as described in Level II.
- o Anterior tooth impaction; unerupted with radiographic evidence to support a diagnosis of impaction (lack of eruptive space, angularly malposed, totally imbedded in the bone) as compared to ectopically erupted anterior teeth which may be malposed but has erupted into the oral cavity and is not a qualifying element.
- o Anterior crowding shall be in excess of 6mm in the mandibular arch.
- o Anterior open bite shall demonstrate that all maxillary and mandibular incisors have no occlusal contact and are separated by a measurement in excess of 6 mm.
- o Posterior open bite shall demonstrate a vertical separation by a measurement in excess of 5 mm. of several posterior teeth and not be confused with the delayed natural eruption of a few teeth.
- o Posterior cross bite 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 shall qualify.
- o Anterior cross bite shall include more than two incisors in cross bite and demonstrate gingival inflammation, gingival recession, or severe enamel wear.
- o Over bite shall be in excess of 5 mm.
- o Overjet shall be in excess of 8 mm.

Comments

Texas Medicaid Plan: Level 4

**Texas Medicaid Services Orthodontic Program
Criteria for Disabling Malocclusion**

Name (First, middle, Last) _____ DOB _____ Subscriber _____

Address: _____ City, State zip code: _____

Telephone # _____ Group Name _____ Plan Type _____

Level IV: Dedicated to resolution of handicapping malocclusion in the adult dentition; complete eruption of the permanent dentition.

Qualification for treatment at level IV requires submission of documentation to support the classification of handicapping malocclusion. Documentation shall be submitted by an Oral Surgeon justifying the medical necessity of a surgical approach to treatment.

- ☐ Non-functional Class II malocclusion.
- ☐ Non-functional Class III malocclusion

Comments
