Medicaid Advisory Letter (MAL) No. 689

DATE: January 9, 2026

TO: Eligible Medicaid Providers
Chief Executive Officers, Managed Care Entities
Other Interested Parties

FROM: Scott Partika, Medicaid

SUBJECT: Revised Form ODM 03630 – Evaluation for Comprehensive Orthodontic Treatment

Summary

The Ohio Department of Medicaid (ODM) is issuing this advisory to inform providers of the release of revised Form ODM 03630 (Rev. 9/2025), titled *Evaluation for Comprehensive Orthodontic Treatment*. This form is one of six items that must be submitted with each prior authorization (PA) request for comprehensive orthodontic treatment of the adolescent dentition (procedure code D8080).

The revised form reflects updated clinical review criteria, scoring instructions, and documentation requirements. This revised form will have an effective date starting on 1/1/2026 for all new PA submissions. The revised Form ODM 03630 (Rev. 9/2025) should only be used for PA submissions on or after 1/1/2026.

Background

Submission requirements for comprehensive orthodontic treatment are outlined in the Appendix to Ohio Administrative Code (OAC) rule 5160-5-01 Dental Services. The rule outlines the conditions under which orthodontic services are covered, including the submission requirements for prior authorization.

Key Updates to Form ODM 03630 (Rev. 9/2025)

Section A: Form 03630 now has a list of automatic qualifiers, which if any one of these are present would qualify for automatic approval for orthodontic treatment.
Section B: If the patient does not have any of the automatic qualifiers present, Form 03630 also includes a section where other conditions may be taken into

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services

consideration. This section consists of multiple conditions that must score 22 points or more to qualify for approval for orthodontic treatment.
Instructions: The form includes expanded guidance on measurement techniques, scoring rules, and mutually exclusive conditions (e.g., overbite vs. open bite). It is recommended that providers complete the entire form, both sections (a) and (b), capturing all criteria that could meet medical necessity.

The form is available on the Ohio Medicaid Forms page: https://medicaid.ohio.gov/stakeholders-and-partners/legal-and-contracts/forms/forms.

Submission Requirements

All prior authorization requests for Comprehensive orthodontic treatment of the adolescent dentition (D8080) must include these six items:

(1) Lateral and frontal photographs of the patient with lips together.
(2) Cephalometric film with lips together, including a tracing.
(3) A complete series of intraoral images.
(4) At least one diagnostic model.
(5) A treatment plan, including the projected length and cost of treatment.
(6) A completed Evaluation for Comprehensive Orthodontic Treatment, ODM 03630. This would include supporting documentation for any psychosocial or speech-related conditions (if applicable); and provider signature attesting to the accuracy of the submission.

Requests that do not meet the criteria outlined in the appendix to OAC 5160-5-01 or that are missing required documentation may be denied.

Additional Information

Information about ODM services may be accessed through the main webpage at http://www.medicaid.ohio.gov.

The Medicaid managed care entities should be contacted for information concerning their specific claim submission requirements.

Questions

Questions pertaining to this letter may be directed to the Ohio Department of Medicaid.

Bureau of Health Plan Policy
Non-Institutional Services
P.O. Box 182709
Columbus, OH 43218-2709
(800) 686-1516
noninstitutional_policy@medicaid.ohio.gov