

**DOCUMENTATION REQUIREMENTS FOR:  
Dental Services  
(Orthodontic and Prosthodontics)**

**Important Notice: All supporting documentation must be submitted with the review request. Documentation must be complete, legible and compliant with Florida Medicaid Dental Services Coverage and Limitations Handbook.**

ADMISSION REVIEW (INITIAL AUTHORIZATION)		
SERVICE	DOCUMENTATION	REQUIRED WHEN:
Orthodontics	Radiographs (panorex and ceph), clinical photographs	Required with each admission review request <u>Note:</u> Only digital images may be uploaded or faxed. All others must be mailed.
Orthodontics	Initial Assessment Form (IAF)	Required with each admission review request <u>Note:</u> The IAF is not required when the recipient is transferring to a new provider.
Orthodontics	Study models	Required only when requested by eQHealth
Prosthodontics (Partial dentures)	Radiographs	Required <u>only</u> when requested by eQHealth <u>Note:</u> Only digital images may be uploaded or faxed. All others must be mailed.
Orthodontics or Prosthodontics (Partial Dentures)	Additional supporting documentation	Optional – additional information may be submitted to support the request for services
EXTENSION OF PERIODIC VISITS (D8670) REVIEW (ORTHODONTIC ONLY)		
SERVICE	DOCUMENTATION	REQUIRED WHEN:
Orthodontics	Current radiographs (panorex), clinical photographs	Required for each extension of service request beyond 24 units Must be current – showing progress to date
Orthodontics	Additional supporting documentation	Optional – additional information may be submitted to support the request for extension of service
RETROSPECTIVE REVIEW		
SERVICE	DOCUMENTATION	REQUIRED WHEN:
Orthodontics	Radiographs (pan and ceph), clinical photographs	Required for retrospective review <u>Note:</u> Only digital images may be uploaded or faxed. All others must be mailed.
Orthodontics	Initial Assessment Form (IAF)	Required for retrospective review <u>Note:</u> The IAF is not required when the recipient is transferred to a new provider.

## Dental Services

Supporting Documentation Requirements for  
Orthodontic and Prosthodontic Services



Prosthodontics (Partial Dentures)	Radiographs	Required only when requested by eQHealth  <u>Note:</u> Only digital images may be uploaded or faxed. All others must be mailed.
Orthodontics <b>or</b> Prosthodontics (Partial Dentures)	Additional supporting documentation	Optional – additional information may be submitted to support the request for services