

## HANDICAPPING LABIO-LINGUAL DEVIATION INDEX (HLD) SCORE SHEET

Name (Last, First): \_\_\_\_\_ MO HealthNet Number: \_\_\_\_\_ DOB: \_\_\_\_\_

All necessary dental work completed? Yes \_\_\_\_ No \_\_\_\_ Patient oral hygiene: Excellent \_\_\_\_ Good \_\_\_\_ Poor \_\_\_\_

(all dental work must be completed and oral hygiene must be good BEFORE orthodontic treatment is approved)

**PROCEDURE** (use this score sheet and a Boley Gauge or disposable ruler):

- **Indicate by checkmark next to A, B and/or C which criteria you are submitting for review**
- Position the patient's teeth in centric occlusion;
- Record all measurements in the order given and round off to the nearest millimeter (mm);
- ENTER SCORE "0" IF CONDITION IS ABSENT

**A. \_\_\_\_\_ CONDITIONS 1-6 ARE AUTOMATIC QUALIFIERS** (indicate with an "X" if condition is present)

1. **Cleft palate** \_\_\_\_\_
2. Deep impinging bite **with** signs of tissue damage, not just touching palate \_\_\_\_\_
3. Anterior crossbite **with** gingival recession \_\_\_\_\_
4. **Severe traumatic deviation** (i.e., accidents, tumors, etc. attach description) \_\_\_\_\_
5. Overjet **9 mm** or greater or reverse overjet **3.5 mm** or greater \_\_\_\_\_
6. **Impacted maxillary central incisor** (can be TX in early mixed dentition) \_\_\_\_\_

**B. \_\_\_\_\_ CONDITIONS 7-14 MUST SCORE 28 POINTS OR MORE TO QUALIFY**

7. **Overjet** (one upper central incisor to labial of the most labial lower incisor) mm \_\_\_\_ x 1 = \_\_\_\_\_
8. **Overbite** (maxillary central incisor relative to lower anteriors) mm \_\_\_\_ x 1 = \_\_\_\_\_
9. Mandibular protrusion (reverse overjet, "**underbite**") mm \_\_\_\_ x 5 = \_\_\_\_\_
10. **Openbite** (measure from a maxillary central incisor to mandibular incisors) mm \_\_\_\_ x 4 = \_\_\_\_\_
11. **Ectopic teeth** (excluding third molars, see note below) # teeth \_\_\_\_ x 3 = \_\_\_\_\_

**Note:** If anterior crowding and ectopic eruption are present in the anterior

portion of the mouth, score only the most severe condition; **do not score both**

- 12a. **Anterior crowding of maxilla** (greater than 3.5 mm) if present score \_\_\_\_1\_\_ x 5 = \_\_\_\_\_
- 12b. **Anterior crowding of mandible** (greater than 3.5 mm) if present score \_\_\_\_1\_\_ x 5 = \_\_\_\_\_
13. **Labio-lingual spread** (either measure a displaced tooth from the normal arch form or labial-lingual distance between adjacent anterior teeth) mm \_\_\_\_ x 1 = \_\_\_\_\_
14. Posterior **crossbite** (1 must be a molar), score only 1 time – if present score \_\_\_\_1\_\_ x 4 = \_\_\_\_\_

**TOTAL SCORE** (must score 28 points or more to qualify) \_\_\_\_\_

**C. \_\_\_\_\_ MEDICAL NECESSITY**

MO HealthNet will consider whether orthodontic services should be provided based upon other evidence that orthodontic services are medically necessary as indicated in Section 13.42.C of the Dental Provider Manual and in 13 CSR 70-35.010(5)(C). **The treating dentist/orthodontist must submit a written detailed explanation of the medical necessity of the orthodontia services along with the completed HLD Index, PA request form and treatment plan.**

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Updated 11/1/2013

## MO HEALTHNET ORTHODONTIA COVERAGE CRITERIA

(A) To be eligible for orthodontia services, the participant must meet all of the following general requirements:

1. Be under twenty-one (21) years of age; and
2. Have all dental work completed; and
3. Have good oral hygiene documented in the child's treatment plan; and
4. Have permanent dentition. Exceptions to having permanent dentition are as follows:
  - A. Participant has a primary tooth retained due to ectopic or missing permanent tooth; or
  - B. Participant may have primary teeth present if they have cleft palate, severe traumatic deviations, or an impacted maxillary central incisor; or
  - C. Participant may have primary teeth if they are thirteen (13) years of age or older.
  - D. The orthodontia provider has provided to the Division written documentation which proves that orthodontic treatment is medically necessary under one of the criteria in (C) below.

(B) The determination whether or not a participant will be approved for orthodontic services shall be initially screened using the Handicapping Labio-Lingual Deviation (HLD) Index. The HLD Index must be fully completed in accordance with the instructions in Section 14.3 of the MO HealthNet Dental Provider Manual and **must be submitted** with the Prior Authorization (PA) form. MO HealthNet will approve orthodontic services when the participant meets all the criteria in section (A) above and one (1) of the criteria listed in paragraphs 1. to 7. below-

1. Has a cleft palate;
2. Has a deep impinging overbite when the lower incisors are damaging the soft tissue of the palate (lower incisor contact only on the palate is not sufficient);
3. Has a cross-bite of individual anterior teeth when damage of soft tissue is present;
4. Has severe traumatic deviations;
5. Has an over-jet greater than nine millimeter (9mm) or reverse over-jet of greater than three and one-half millimeters (3.5mm);
6. Has an impacted maxillary central incisor; or
7. Scores twenty-eight (28) points or greater on the HLD Index.

(C) If the participant does not meet any of the criteria in subsection (B), MO HealthNet will consider whether orthodontic services should be provided based upon other evidence that orthodontic services are medically necessary as indicated in Section 13.42.C. of the MO HealthNet Dental Provider Manual and in 13 CSR 70-35.010 (5)(C). The treating orthodontist/dentist must submit a written, detailed explanation of the medical necessity of the orthodontia services along with the completed HLD Index, the prior authorization request form and treatment plan. All documentation must be completed, signed and dated by the treating orthodontist/dentist. If medical necessity is based on a medical condition (as stated in 13 CSR 70-35.010 (5)(C)2.), additional documentation from a licensed medical doctor, board certified to diagnose the medical condition, justifying the need for the orthodontia services must be submitted along with documentation from the treating orthodontist/dentist. Likewise, if medical necessity is based on the presence of mental, emotional, and/or behavioral problems, disturbances or dysfunctions (as stated in 13 CSR 70-35.010 (5)(C)3.), additional documentation from a licensed psychiatrist or a licensed psychologist who has limited his or her practice to child psychiatry or child psychology justifying the need for orthodontia services must be submitted along with the required documentation from the treating orthodontist/dentist.