

HANDICAPPING LABIO-LINGUAL DEVIATION INDEX (HLD) OHIO MODIFICATION SCORE SHEET

UnitedHealthcare Community Plan of Ohio

Patient Name: _____ Medicaid ID #: _____ DOB: _____
 Provider Name: _____ Medicaid provider # _____ NPI: _____

All necessary dental work completed? Yes ___ No ___ Patient oral hygiene: Excellent ___ Fair ___ Poor ___

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

- Indicate by checkmark next to A, B, C or D 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 of "0" if the condition is absent

A _____ CONDITIONS 1-6 ARE AUTOMATIC QUALIFIERS (indicate with an "X" if condition is present and score no further)

- 1) Cleft palate _____
- 2) Craniofacial anomaly (attach description of condition from a credentialed specialist) _____
- 3) Deep impinging overbite WITH tissue damage to the palate. (attach image of tissue laceration) _____
- 4) Anterior crossbite with gingival recession or loose permanent tooth _____
- 5) Severe traumatic deviation (ie: accidents, tumors, etc; attach description) _____
- 6) Overjet 9mm or greater or reverse overjet (mandibular protrusion) 3.5mm or greater _____

B _____ CONDITIONS 7-14 MUST SCORE 26 POINTS OR MORE TO QUALIFY

- 7) **Overjet** (one upper central incisor to the most labial lower incisor) mm ___ x1= _____
- 8) **Reverse overjet** (mandibular protrusion) mm ___ x1= _____
- 9) **Open bite** (incisal edge of maxillary central to mandibular central incisor) mm ___ x1= _____
- 10) **Ectopic teeth** (excluding third molars) # of teeth ___ x3= _____
Note: if anterior crowding and ectopic eruption are present in the anterior portions of the mouth, score only the most severe condition. Do not score both.
- 11) **Anterior crowding of maxilla** (greater than 3.5mm). if present score ___ 1 ___ x5= _____
- 12) **Anterior crowding of mandible** (greater than 3.5mm). if present score ___ 1 ___ x5= _____
- 13) **Labio-lingual spread** (either measure a displaced tooth from the normal arch form or labial-lingual distance between adjacent anterior teeth) mm ___ x1= _____
- 14) **Posterior unilateral crossbite** (must involve two or more adjacent teeth, one of which must be a molar) ___ 1 ___ x4= _____

C _____ MEDICAL NECESSITY (indicate with an "X" for consideration)

If the participant does not meet the qualifying criteria in sections A or B, the Plan will consider whether orthodontic benefits should be provided based on other evidence of medical necessity. The treating orthodontist must submit a written, detailed explanation of the medical necessity for orthodontia along with a completed HLD index, the prior authorization request form, and treatment plan.

- a. If medical necessity is based on a medical condition that is exacerbated or complicated by the patient's malocclusion (ie: TMJ dysfunction, chronic pain, malnutrition) additional documentation from a licensed physician, board certified to diagnose the medical condition must be presented. This documentation should justify the need for orthodontia services and must be submitted along with the documentation from the orthodontist.
- b. If medical necessity is based on respiration or speech problems that are exacerbated or complicated by the patient's malocclusion (ie: postural abnormalities associated with mouth breathing, speech impairment),

additional documentation from a licensed physician, respiratory therapist, or speech therapist board certified to diagnose the medical condition must be presented. This documentation should justify the need for orthodontia services and must be submitted along with the documentation from the orthodontist.

- c. If medical necessity is based on the presence of mental, emotional, behavioral, or psychosocial problems that are exacerbated or complicated by the patient's malocclusion (ie: social withdrawal, low self-esteem, socially unacceptable eating behaviors), additional documentation from a licensed psychiatrist, psychologist, or social worker must be presented. This documentation should justify the need for orthodontia services and must be submitted along with the documentation from the orthodontist.

D ____ EPSDT-SS EXCEPTION (indicate with an "X" for consideration)

If a participant does not meet the automatic qualifying conditions in section A nor scores a 26 or greater in section B, the patient may be eligible for orthodontia under the Early and Periodic Screening, Diagnosis and Treatment exception if medical necessity is documented. Attach medical evidence and appropriate documentation for each of the following areas on a separate piece of paper in addition to completing the HLD score sheet above.

- a) Principle diagnosis and associated diagnoses
- b) Clinical significance or functional impairment caused by the condition
- c) Specific types of services to be rendered by each discipline associated with the total treatment plan
- d) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals
- e) Description of the ways in which the proposed treatment is expected to ameliorate illness or injury
- f) The extent to which health care services have been previously provided to address the condition, and results demonstrated by prior care
- g) Any other documentation which may assist the department in making the required determination.

HLD SCORING INSTRUCTIONS:

The intent of the HLD index is to measure the presence or absence, and the degree, of the handicapped occlusion caused by the components of the Index, and not to diagnose 'malocclusion.' All measurements are made with a scaled millimeter ruler. Absence of any conditions must be recorded by entering '0.' (Refer to the attached score sheet.)

The following documentation is required to be submitted.

- A completed HLD Scoring Index Sheet
- A narrative describing the nature of the severe physically handicapping malocclusion, along with any documentation relevant to determining the nature and extent of the handicap.
- A panoramic and/or mounted full mouth series of intra-oral X-rays.
- A cephalometric X-ray with teeth in centric occlusion and cephalometric analysis/tracing.
- Facial photographs of frontal and profile views.
- Intra-oral photographs depicting right and left occlusal relationships as well as an anterior view.
- Maxillary and mandibular occlusal photographs.
- Photos of articulated models can be submitted optionally (*Do NOT send stone casts*).

The following information is intended to clarify scoring rules for sections A) and B) of the HLD Index:

- 1. Cleft Palate Deformity:** The cleft must be demonstrated with diagnostic casts, digital photographs of orthodontically trimmed study models; or intraoral photograph of the palate demonstrating soft tissue destruction. If the cleft cannot be demonstrated by one of these methods, a consultation report by a qualified specialist or Craniofacial Panel must accompany the submission.
- 2. Cranio-facial Anomaly:** Attach consultation report by a qualified specialist or Craniofacial Panel, in addition to all standard documentation.
- 3. Deep Impinging Overbite:** Mark only if the lower incisors are causing tissue damage to the palate. Do not score if tissue destruction is not present. Attach intraoral photograph showing soft tissue destruction, in addition to all standard documentation.
- 4. Crossbite of Individual Anterior Teeth:** Include supportive diagnostic intra-oral photographs and periodontal chart demonstrating the crossbite and resulting gingival recession/tooth mobility, in addition to all standard documentation.
- 5. Severe Traumatic Deviation:** Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Do not score deviations that were not caused by trauma/disease. Submit a description of the trauma/disease, and prior treatment for the condition, in addition to all standard documentation.
- 6. Overjet 9mm or greater, or reverse overjet 3.5mm or greater:** Overjet is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of a lower central incisor to the labial surface of the corresponding upper central incisors. Do not use lateral incisors or canines for measurement. This measurement should record the **greatest** distance between any one upper central incisor and its corresponding lower central or lateral incisor. If the overjet is greater than or equal to 9mm or reverse overjet) is greater than or equal to 3.5mm, place an "X" in item 6 and score no further. If the overjet is less than the above values, record individual millimeter measurements in item 7 or 8.
- 7. Overjet equal to or less than 9mm:** See instructions for measuring overjet or reverse overjet in item 6. above.
- 8. Reverse overjet equal to or less than 3.5mm:** See instructions for measuring overjet or reverse overjet in item 6. above.
- 9. Open Bite:** This condition is defined as the absence of occlusal contact in the anterior region. It is measured from incisal edge of a maxillary central incisor to incisal edge of a corresponding mandibular incisor, in millimeters. Do not use lateral incisors or canines for measurement. Do not record teeth that are still erupting.
- 10. Ectopic Eruption:** Count each tooth, **excluding third molars**. Each qualifying tooth must be impeded from full normal eruption and indicate that more than 50% of the crown is blocked and is not within the arch. Count only one tooth when there are mutually blocked out teeth. Enter the number of qualifying teeth on the score sheet and multiply by three (3). If anterior crowding (condition #11) also exists in the same arch, score the condition that scores the most points. **DO NOT COUNT BOTH CONDITIONS**. However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.
- 11, 12. Anterior Crowding:** Arch length insufficiency must exceed 3.5mm. Score one (1) for a crowded maxillary arch and/or one (1) for a crowded mandibular arch. Enter total on the score sheet and multiply by five (5). If ectopic eruption (condition #10) exists in the anterior region of the same arch, count the condition that scores the most points. **DO NOT**

COUNT BOTH CONDITIONS. However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

13. Labio-Lingual Spread: A Boley Gauge (or a disposable ruler) is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded anterior tooth and the most lingually displaced adjacent anterior tooth is measured. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but **only the most severe individual measurement should be entered on the score sheet.**

14. Posterior Unilateral Crossbite: This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both completely palatal or completely buccal in relation to the mandibular posterior teeth, with no cusp/fossa contact. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the score sheet. **NO SCORE FOR BI-LATERAL CROSSBITE.**