UnitedHealthcare Community Plan of Ohio handicapping labio-lingual deviation index modification score sheet

Patient name:	

Patient Medicaid ID number:	Date of birth:

Provider name:

Medicaid provider number:

National Provider Identifier (NPI) number:

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 no condition is found

A. Conditions 1–6 are automatic qualifiers (indicate with a " ✓ " 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 (i.e., accidents, tumors, etc. – attach description)			
	6. Overjet 9 mm or greater or reverse overjet (mandibular protrusion) 3.5 mm or greater			

B. Conditions 7–14 must score 26 points or more to qualify

7. Overjet (1 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) **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.	# of teeth	x3=	
11. Anterior crowding of maxilla (greater than 3.5 mm). If present score.	1	x5 =	

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B. Conditions 7–14 must score 26 points or more to qualify (cont.)

12. Anterior crowding of mandible (greater than 3.5 mm). 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 2 or more adjacent teeth, one of which must be a molar)	1	x4 =	

C. Medical necessity (indicate with a " ✓ " 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 handicapping labio-lingual deviation (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 (i.e., temporomandibular joints [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 (i.e., 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 (i.e., 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 a " ✓" 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 that 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 photos of frontal and profile views
• Intra-oral photos depicting right and left occlusal relationships as well as an anterior view
• Maxillary and mandibular occlusal photos
• 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 photos of orthodontically trimmed study models or intra-oral photo 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. **Craniofacial 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 intra-oral photo showing soft tissue destruction, in addition to all standard documentation.

4. **Crossbite of individual anterior teeth:** Include supportive diagnostic intra-oral photos 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 9 mm or greater, or reverse overjet 3.5 mm 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 1 upper central incisor and its corresponding lower central or lateral incisor. If the overjet is greater than or equal to 9 mm or reverse overjet is greater than or equal to 3.5 mm, 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 9 mm:** See instructions for measuring overjet or reverse overjet in item 6.

8. **Reverse overjet equal to or less than 3.5 mm:** See instructions for measuring overjet or reverse overjet in item 6.

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 as blocked and is not within the arch. Count only 1 tooth when there are mutually blocked out teeth. Enter the number of qualifying teeth on the score sheet and multiply by 3. If anterior crowding (condition number 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.

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11, 12. **Anterior crowding:** Arch length insufficiency must exceed 3.5 mm. Score 1 for a crowded maxillary arch and/or 1 for a crowded mandibular arch. Enter total on the score sheet and multiply by 5. If ectopic eruption (condition number 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 2 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 4 on the score sheet. **No score for bi-lateral crossbite**.

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