RHODE ISLAND MEDICAID SEVERE MALOCCLUSION TREATMENT REQUEST FORM

CLIENT NAME	CLIENT DATE OF BIRTH	CLIENT ID
PROVIDER NAME	PROVIDER PHONE #	DATE OF EXAM

PART 1. TREATMENT REQUESTED

FULL TREATMENT ☐	INTERCEPTIVE TREATMENT ☐	TRANSFER CASE ☐
REQUIRES MAXILLO-FACIAL SURGERY? YES ☐	NO ☐	

PLEASE EXPLAIN:

PART 2. DIAGNOSTIC INFORMATION

STAGE OF DENTITION: SKELETAL CLASSIFICATION:	PRIMARY	PERMANENT ☐	MIXED ☐
CLASS 1 ☐	CLASS 2 ☐		CLASS 3 ☐
POSTERIOR CROSSBITE (Indicate teeth involved below)	YES ☐		NO ☐

Please refer to the ADA Glossary of Clinical and Administrative Terms @ www.ada.org for definitions:			***LOCATION in Mouth***
ECTOPIC ERUPTION (EXCLUDING 3RDs):	YES ☐	NO ☐	
MISSING (indicate teeth)	YES ☐	NO ☐	
IMPACTED (indicate teeth)	YES ☐	NO ☐	
ANKYLOSED (indicate teeth)	YES ☐	NO ☐	
SUPERNUMERARY (indicate teeth)	YES ☐	NO ☐	

SEVERE TRAUMATIC DEVIATION- Please explain:

PART 3. BRIEF INITIAL OPINIONS

RESTORATIONS COMPLETE: YES ☐ ☐ NO

If no, please explain plan:

In approving orthodontic treatment, factors other than functional need will be considered. These other factors include the following:

	GOOD	FAIR	POOR
Current Oral Hygiene			
Patient's willingness and ability to meet appointments			
Patient's ability to follow instructions and cooperate to the end of the lengthy treatment period			
Patient's ability to maintain an acceptable level of oral hygiene, which is vital to success of orthodontic treatment during the treatment period			

PART 4.HLD INDEX (Please complete the following PARTS A & B--See instructions below for scoring guidelines)

PART A.		**Requesting Dentist**	**Reviewer**
1. CLEFT LIP & PALATE DEFORMITIES: Indicate with an X			
2. IMPACTED ANTERIOR TEETH when extraction is not indicated: Indicate with an X			
3. DEEP IMPINGING OVERBITE: Indicate with an X only if tissue damage is present			
4. ANTERIOR CROSSBITE: Indicate with an X only if tissue destruction is present			
5. OVERJET in mm (> 9 mm) - Indicate with an X			
6. REVERSE OVERJET (MANDIBULAR PROTRUSION) (> 3.5 mm) Indicate with an X			
PART B.		**Requesting Dentist**	**Reviewer**
7. OVERJET in mm (= to or < 9 mm)			
8. SEVERE TRAUMATIC DEVIATION: must document in PART 2.- Score 15 points			
9. OVERBITE in mm	x1=		
10. REVERSE OVERJET (MANDIBULAR PROTRUSION) in mm (= to or < 3.5 mm)	x5=		
11. OPENBITE in mm	x4=		
12. ANTERIOR CROWDING Score 1 point for maxillary and 1 point for mandibular -- maximum # of 10 points	x5=		
13. ECTOPIC ERUPTION: count each tooth Do not score both anterior crowding & anterior ectopic eruption, use more severe of two.	x3=		
14. POSTERIOR UNILATERAL CROSSBITE: Score 4 points			
TOTAL POINTS- PART B.			

Treatment Narrative: Please provide any additional information that will substantiate your treatment request.

PLEASE NOTE: The HLD scoring is a guideline for your use and is a reference for the Rhode Island Medicaid Program consultant. You will still be required to submit photographs and supporting radiographs. The Rhode Island Medicaid Program will make the final decision regarding medical necessity and scoring criteria.

I certify that I am the Performing Provider and that the medical necessity information is true, accurate, and complete, to the best of my knowledge. I certify that I performed the above noted examination on this client.		
TREATING PROVIDER'S SIGNATURE	PRINT NAME	DATE

FOR REVIEW PURPOSES ONLY:

REVIEWER'S NOTES		
REVIEWER'S SIGNATURE	PRINT NAME	DATE

MAIL TREATMENT REQUEST FORM AND SUPPORTING DOCUMENTATION TO:

HP Enterprise Services
Attn: Prior Authorization
P.O. Box 2010
Warwick, RI 02887-2010

RHODE ISLAND MEDICAID HANDICAPPING LABIO-LINGUAL DEVIATION INDEX

SCORING INSTRUCTIONS

The intent of the HLD Index is to measure the presence or absence and the degree of the handicap caused by the components of the Index, and not to diagnose "malocclusion". All measurements are made with a Boley Gauge scaled in millimeters. Absence of any conditions must be recorded by entering "0". (Refer to attached score sheet.)

The following information should help clarify the categories on the HLD Index:

PART A. Note: 1 – 6 - If any one of these conditions exist, it is automatically considered to be a severe handicapping malocclusion and is indicated by an "X" and scored no further.

1. Cleft Palate Deformities: Indicate an "X" on the score sheet. (This condition is considered to be handicapping malocclusion.)
2. Impacted Anterior Teeth: Indicate an "X" on the score sheet when there is/are anterior tooth or teeth (incisors and cuspids) is/are impacted (soft or hard tissue) and not indicated for extraction and treatment planned to be brought into occlusion.
3. Deep Impinging Overbite: Indicate an "X" on the score sheet when lower incisors are damaging the soft tissue of the palate. **This should only be marked if there is tissue laceration and/or clinical attachment loss is present. Palatal indentations are not considered tissue destruction. Photographic documentation must be present.**
4. Crossbite of Individual Anterior Teeth: Indicate an "X" on the score sheet when destruction of soft tissue is present. **This should only be marked if there is clinical attachment loss and/or recession of the gingival margin is present. Photographic documentation must be present.**
5. Overjet in Millimeters: Indicate an "X" on the score sheet if the overjet measures greater than 9 millimeters. This is recorded with the patient in the centric relationship and should record the greatest distance between any one upper central incisor and its corresponding lower central or lateral incisor. The measurement could apply to a protruding single tooth as well as to the whole arch.
6. Reverse Overjet (Mandibular Protrusion) > 3.5 Millimeters: Measured from the labial of the lower incisor to the labial of the upper incisor. Indicate an "X" on the score sheet if a reverse overjet of greater than 3.5 millimeters is present.

PART B. Complete 7. - 13. If case does not qualify in 1 – 6 above. The total score in Part B. will determine if the case qualifies for orthodontic treatment. A score of 26 or more qualifies for authorization. Completion instructions are below.

7. Overjet equal to or less than 9mm: Overjet is recorded as in condition #5 above. The measurement is rounded off to the nearest millimeter and entered on the score sheet.
8. Severe Traumatic Deviations: Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. The presence of severe traumatic deviations is indicated by a score of 15 on the score sheet.
9. Overbite in Millimeters: A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entered on the score sheet. "Reverse" overbite may exist in certain conditions and should be measured and recorded.
10. Open Bite in Millimeters: This condition is defined as the absence of occlusal contact in the anterior region. It is measured from edge to edge, in millimeters. The measurement is entered on the score sheet and multiplied by 4. In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.
11. Reverse Overjet (Mandibular Protrusion) equal to or less than 3.5mm: Mandibular protrusion (reverse overjet) is recorded as in condition #6 above. The measurement is rounded off to the nearest millimeter. Enter on the score sheet and multiply by five (5)
12. Anterior Crowding: Arch length insufficiency must exceed 3.5 mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter 5 points each for maxillary and mandibular anterior crowding. If condition No. 13, ectopic eruption, is also present in the anterior portion of the mouth, score the most severe condition. **Do not score both conditions.**
13. Ectopic Eruption: Count each tooth, excluding third molars. Enter the number of teeth on the score sheet and multiply by 3. In condition No. 12, anterior crowding, is also present, with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition. **Do not score both conditions.**
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 palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of 4 on the score sheet.