



HANDICAPPING LABIO-LINGUAL DEVIATION INDEX SCORE SHEET

Providers should complete, sign and submit this form to determine whether or not a participant will be approved for orthodontia services. The form must be fully completed and must be submitted with a Prior Authorization form. Refer to MO HealthNet Orthodontia Coverage Criteria on page two of this form and to the Dental [Provider Manual](#) for more information.

Name	MO HealthNet ID Number	Date of Birth
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All Dental Work Must Be Completed and Oral Hygiene Must Be Good BEFORE Orthodontia Treatment is Approved

All Necessary Dental Work Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient Oral Hygiene: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable
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Procedure (Use This Score Sheet and a Boley Gauge or Disposable Ruler)

Indicate Which Criteria Being Submitted for Review and Complete The Appropriate Section Below:

- A – Automatic Qualifiers
- B – Must Score 28 Points or More to Qualify
- C – Medical Necessity

A. Automatic Qualifiers

- Cleft Palate (can be TX in mixed dentition)
- Deep impinging bite with signs of tissue damage, not just touching palate
- Anterior cross bite with gingival recession
- Severe Traumatic deviation (i.e., accidents, tumors, etc. attach description) (can be TX in mixed dentition)
- Overjet 9 mm or greater or reverse overjet 3.5 mm or greater
- Impacted maxillary central incisor (can be TX in mixed dentition)

B. Must Score 28 Points or More to Qualify

Overjet	One upper central incisor to labial of the most labial lower incisor	mm		x 1 =	
Overbite	Maxillary central incisor relative to lower anteriors	mm		x 1 =	
Underbite	Mandibular protrusion, reverse overjet	mm		x 5 =	
Openbite	Measure from a maxillary central incisor to mandibular incisors	mm		x 4 =	
Ectopic Teeth	Excluding third molars – 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	# teeth		x 3 =	
Anterior crowding of maxilla	Greater than 3.5 mm, if present score		1	x 5 =	
Anterior crowding of mandible	Greater than 3.5 mm, if present score		1	x 5 =	
Labio-Lingual spread	Either measure a displaced tooth from the normal arch form or labial-lingual distance between adjacent anterior teeth	mm		x 1 =	
Posterior Crossbite	One must be a molar, score only one time, is present score		1	x 4 =	

Must Score 28 Points or More to Qualify: Total Score:

C. Medical Necessity

MO HealthNet will consider whether orthodontia 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, PA request form and treatment plan.

Provider Signature	Date
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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 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 can be treated in the mixed dentition; or
 - C. Participant may have primary teeth if they are 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 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, 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.