



HANDICAPPING LABIO-LINGUAL DEVIATION INDEX SCORE SHEET

Providers should complete, sign, and submit this Handicapping Labio-Lingual Deviation (HLD) Index Score Sheet to determine whether or not a participant will be approved for orthodontia services. The form must be fully completed and submitted with a [Prior Authorization \(PA\) Request](#). 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

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)

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 =	

Total Score (must score 28 points or more to qualify):

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 the [Dental Provider Manual](#). Treating dentist/orthodontist must submit a written detailed explanation of the medical necessity of the orthodontia services, completed HLD Index Score Sheet, PA Request, and study models. The treating orthodontist/dentist must complete, sign, and date all documentation.

Provider Signature	Date
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MO HealthNet Orthodontia Coverage Criteria

General Requirements

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

- Be age 20 or younger
- Have good oral hygiene documented in the child's treatment plan
- Have all dental work completed
- Have permanent dentition. Exceptions to having permanent dentition are as follows:
 - Participant has a primary tooth retained due to an ectopic or missing permanent tooth
 - Participant may have primary teeth present if they have a cleft palate, severe traumatic deviations, or an impacted maxillary central incisor
 - Participant may have primary teeth if they are 13 years of age or older
 - The orthodontia provider has provided the MO HealthNet Division (MHD) written documentation that proves that orthodontic treatment is medically necessary under one of the medically necessity criteria below.

HLD Index

The determination of whether or not a participant will be approved for orthodontic services shall be initially screened using the HLD Index. The HLD Index Score Sheet must be fully completed per the instructions and submitted with the PA Request. MHD will approve orthodontic services when the participant meets all the general requirements above and one of the following criteria:

- Has a cleft palate
- 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)
- Has a cross-bite of individual anterior teeth when damage to soft tissue is present
- Has severe traumatic deviations
- Has an over-jet greater than nine-millimeter (9mm) or reverse over-jet of greater than three and one-half millimeters (3.5mm)
- Has an impacted maxillary central incisor
- Scores 28 points or greater on the HLD Index Score Sheet

Medical Necessity

If the participant does not meet any of the above HLD criteria, MHD will consider whether orthodontic services should be provided based on other evidence that orthodontic services are medically necessary as indicated in the [Dental Provider Manual](#).

If the participant does not meet the HLD Index Score Sheet requirements and the treating orthodontist/dentist feels the orthodontia services are medically necessary, a written, detailed explanation of the medical necessity of the orthodontia services must be submitted along with the completed HLD Index Score Sheet, study models, and the PA Request. All documentation must be completed, signed, and dated by the treating orthodontist/dentist.

If medical necessity is based on a medical condition which left untreated, the medical condition would be adversely affected and result in pain, infection, illness, or significant and immediate impact on the normal function of the body and the individual's ability to function, additional documentation from a licensed medical doctor, who is board certified to diagnose the medical condition and justify 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, additional documentation from a licensed psychiatrist or a licensed psychologist who has limited their 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. The evaluation must clearly and substantially document that orthodontic treatment is medically necessary and will significantly ameliorate the problems.