

## Orthodontic Form for Medical Necessity

DELTA DENTAL OF WASHINGTON

**All pages of this form must be completed and submitted **BEFORE** treatment.**

PROVIDER NAME		PATIENT'S NAME LAST		FIRST	MI	SEX
BILLING PROVIDER NUMBER	PERFORMING PROVIDER NUMBER	CLIENT ID	CLIENT BIRTH DATE		CLIENT AGE: YEARS/MONTHS	
<b>PART I. TREATMENT REQUESTED (Check box below)</b>						
<input type="checkbox"/> Case Study Only <input type="checkbox"/> Interceptive Treatment <input type="checkbox"/> Fixed Appliance Therapy <input type="checkbox"/> Comprehensive Treatment <input type="checkbox"/> Limited Treatment <input type="checkbox"/> Transfer case (If checked, indicate months required to complete treatment)						
TENTATIVE TREATMENT PLAN:						
FUNCTIONAL CONCERNS:						
Are you considering Orthognathic Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please explain:						
Has the patient seen a general dentist in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No						

(There should be no other equally effective, more conservative and substantially less costly treatment available)								
<b>Orthodontic Diagnostic Information</b>								
<b>PART I</b>								
STAGE OF DENTITION: <input type="checkbox"/> Primary <input type="checkbox"/> Permanent <input type="checkbox"/> Mixed/Transitional				BRIEF INITIAL OPINIONS				
ANTERIOR TEETH:				PATIENT'S CHIEF COMPLAINT				
	Overjet		mm					
	Overbite		mm					
	Open bite		mm					
	Midline		mm					
<u>Crossbite:</u> Indicate teeth involved:				HABITS				
POSTERIOR TEETH: <u>Angle Classification:</u> Skeletal Classification: (Check One) <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III Dental Classification: (Check One) Right <input type="checkbox"/> Class I <input type="checkbox"/> E to E <input type="checkbox"/> Class II <input type="checkbox"/> Class III Left <input type="checkbox"/> Class I <input type="checkbox"/> E to E <input type="checkbox"/> Class II <input type="checkbox"/> Class III  <u>Cross-bite:</u> Indicate teeth involved:							MUSCULATURE: TONE AND FUNCTION	
				SYMMETRY OF ARCHES				
				TEMPOROMANDIBULAR DYSFUNCTION				

ANTERIOR CROWDING		(Approximate)		SPACING		ORAL HYGIENE: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
MAX		mm	MAX		mm	
MAND		mm	MAND		mm	

MISSING TEETH (List)			
Ectopic Eruption (Numbers of teeth excluding 3 <sup>rd</sup> Molar(s):	Yes	Tooth/location	RESTORATION OR CARIES PROBLEMS:
Missing (indicate teeth):			
Impacted (indicate teeth):			
Ankylosed (indicate teeth):			
Supernumerary (indicate location):			
OTHER MEDICAL OR DENTAL PROBLEMS:			

**PART II. Overbite, crossbite or overjet information. See instructions for further information.**

Place an "x" for each condition that applies

Patient has a deep impinging overbite where the lower incisors are destroying the soft tissue of the palate. A submental photo, or a photo of the study models, must be submitted to confirm this condition.

Patient has a crossbite of individual anterior teeth where destruction of the soft tissue is present. Recession of labial gingival tissue due to crossbite must be more than 1mm and the recession must not be due to the lower crowding but directly related to the anterior crossbite.

Patient has an overjet greater than 9mm with incompetent lips or reverse overjet greater than 3.5mm with reported masticatory and speech difficulties. If this is applicable, provide a color photo using either a probe or ruler to demonstrate the 9mm or greater overjet.

Patient has a negative overjet relative to a skeletal Class III. A recent cephalometric radiographic image must be submitted to this condition.

**PART III. Handicapping Labiolingual Deviation Index (HLD). See instructions regarding scoring.**

	HLD SCORE
1. Overjet in mm.	
2. Overbite in mm.	
3. Mandibular protrusion in mm.	X 5 =
4. Open bite in mm.	X 4 =
<b>IF BOTH ANTERIOR CROWDING AND ECTOPIC ERUPTIONS ARE PRESENT IN THE ANTERIOR PORTION OF THE MOUTH, SCORE ONLY THE MOST SEVERE CONDITION. DO NOT SCORE BOTH CONDITIONS.</b>	
5. Ectopic eruption: Count each tooth excluding 3 <sup>rd</sup> molars	X 3 =
6. Anterior crowding: Anterior arch length insufficiency must exceed 3.5mm; score one point for the maxilla and one point for the mandible; 2 points maximum for anterior crowding. The maximum number of pts for this item therefore is 10 pts. ( 5 upper and 5 lower )	X 5 =
7. 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 are either 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 scoresheet. If both a left and right posterior crossbite are present, score 4 for each side.	

<b>PROVIDER'S ESTIMATED TOTAL HLD SCORE (REQUIRED)</b>		
<b>PLEASE NOTE:</b> The HLD scoring is a guideline for your use and reference, and rescoring may be completed by our dental consultant. You will still be required to send all required information referred to in the Billing Instructions and the WAC. Clinical Review will make the final decision regarding medical necessity and scoring. This information may not be used to predetermine coverage in order to charge the patient.		
PRINT NAME		DATE
Examination Completed by:		
<b>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 understand that any falsification, omission, or concealment of material fact in those sections may subject me to civil or criminal liability.</b>		
PERFORMING PROVIDER SIGNATURE (INCLUDING CREDENTIALS)	PRINT NAME	DATE

## Part II: OVERBITE, CROSSBITE OR OVERJET INFORMATION INSTRUCTIONS

- Deep impinging overbite:** Indicate an "X" on the scoresheet when lower incisors are destroying the soft tissue of the palate. Only the maxillary central incisors can be utilized for the measurement of overbite. Tissue contact without visible destruction will not be considered as impingement.
- Crossbite of individual anterior teeth:** Indicate an "X" on the scoresheet when destruction of soft tissue is present. Recession of labial gingival tissue due to crossbite must be more than 1mm and the recession must not be due to the lower crowding but directly related to the anterior crossbite.
- Overjet greater than 9mm:** Indicate an "X" on the scoresheet if the overjet is greater than 9mm with incompetent lips or the reverse overjet (mandibular protrusion) is greater than 3.5mm with reported masticatory and speech difficulties. If the reverse overjet is not greater than 3.5mm, score under Part III, #1.
- Negative overjet:** Indicate an "X" on the scoresheet if there is an absence of occlusal contact in the anterior region. It is measured from edge to edge, in millimeters and the measurement is made at the central incisors. 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. A recent cephalometric film must be submitted to confirm this condition.

## Part III: HANDICAPPING LABIOLINGUAL INDEX SCORING INSTRUCTIONS FOR SEVERE MALOCCLUSION

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 measurement are made with a disposable ruler scaled in millimeters. Absence of any conditions must be recorded by entering "O" (refer to scoresheet).

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

- Overjet in millimeters:** This is recorded with the patient's teeth in centric occlusion and measured from the labial portion of the lower incisors to the labial of the upper incisors. The measurement may apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the scoresheet.
- 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 scoresheet. "Reverse" overbite may exist in certain conditions and should be measured and recorded. The measurement is taken at the central incisors.
- Mandibular protrusion in millimeters:** Score exactly as measured from the labial of the lower incisor to the labial of the upper central incisor. The measurement in millimeters is entered on the scoresheet and multiplied by five (5). A reverse overbite, if present, should be shown under "overbite." Confirm the mandibular protrusion with a cephalometric x-ray.
- Open Bite in millimeters:** The absence of vertical overlap of the maxillary central incisors relative to the incisal edges of the mandibular incisors when the posterior teeth are in contact. The distance is measured (or when a significant overjet is present estimated) in millimeters from the incisal of the upper centrals to the incisal of the lower centrals with the posterior teeth in maximum contact. This measurement is entered on the scoresheet and multiplied by four (4).
- Ectopic Eruption:** Count each tooth, excluding third molars. Enter the number of teeth on the scoresheet and multiply by three (3). If condition #5, 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.**

*The customary and accepted conditions of dental ectopia include ectopic eruption such as that when a portion of the distal root of the primary second molar is resorbed during the eruption of the first molar. These include transposed teeth. Also included are teeth in the maxillary sinus, in the ascending ramus of the mandible and other such situations, when teeth develop in other locations, rather than in the dental arches. These are classic textbook examples of ectopic eruption and development of teeth. In all other situations, teeth deemed to be ectopic must be more than 50 percent blocked out and clearly out of the dental arch. Regarding mutually blocked out teeth, only one will be counted.*

**6. Anterior Crowding:** Arch length insufficiency must exceed 3.5 mm in the anterior segment. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter five (5) points each for maxillary and mandibular anterior crowding. If condition #4, ectopic eruption, is also present in the anterior portion of the mouth, score the most severe condition. **Do not score both conditions.**

**7. 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 are either 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 four (4) on the scoresheet.

#### **Additional requirements**

- All information pertaining to medical necessity must come from the patient's prescribing orthodontist. Information obtained from the patient or someone on behalf of the patient (e.g. family) will not be accepted.
- Measurement, counting, recording, or consideration for treatment is performed only on teeth that have erupted and can be seen on the diagnostic study models. All measurements are made or judged on the basis equal to, or greater than the minimum requirement.
- Only permanent natural teeth will be considered for full orthodontic treatment of severe malocclusions.
- Use either of the upper central incisors when measuring overjet, overbite (including reverse overbite), mandibular protrusion, and open bite. The upper lateral incisors or upper canines may not be used for these measurements.
- A single impacted tooth alone is not considered a severe handicapping malocclusion