

# Orthodontic Information

Orthodontic Authorizations

## I General information

Provider name Performing provider number Billing provider number  
 Patient's Last name Patient's first name Patient's middle initial  
 Patient's birth date Patient's age (years/months) Client's ID

## II Orthodontic treatment requested and diagnostic information

Please check the box for the requested orthodontic treatment below.

Comprehensive treatment Limited treatment  
 Case study only (ETR Requests only) Fixed appliance therapy  
 Extension request (if checked, indicate months required to complete treatment):  
 Transfer case (if checked, indicate months required to complete treatment):

Tentative treatment plan:

Functional concerns:

Will the client require orthognathic surgery? Yes No  
 Has the client seen a general dentist in the last 12 months? Yes No  
 Stage of dentition: Primary Adolescent Mixed/Transitional

Anterior teeth		Posterior teeth			Anterior		
Overjet	mm	<b>Angle Classification</b>			<b>Crowding</b> (Approximate)		
Overbite	mm	Skeletal classification (check one)			MAX	mm	
Open bite	mm	Class I	Class II	Class III	MAND	mm	
Midline	mm	<b>Dental classification</b> (check one)			<b>Spacing</b> (Approximate)		
		Left	Right		MAX	mm	
		Class I	Class I		MAND	mm	
Crossbite—Indicate maxillary teeth involved		E to E	E to E				
		Class II	Class II				
		Class III	Class III				
					<b>Oral hygiene</b>		
					Good	Fair	Poor

**Missing teeth****Tooth/location**

Ectopic eruption as defined in the HLD scoring instructions on page 5.  
(Numbers of teeth excluding third molar(s))

Missing (indicate teeth)

Impacted (indicate teeth. Numbers of teeth excluding third molar(s))

Ankylosed (indicate teeth)

Supernumerary (indicate location):

Client's chief complaint

Habits

Musculature: tone and function

Symmetry of arches

Temporomandibular dysfunction

Restoration or caries problems

Other medical or dental problems:

**III****Overbite, crossbite or overjet information.**

Please check a box for each condition that applies .

1. **Deep impinging overbite:** Indicate an “X” on the scoresheet when lower incisors are destroying the soft tissue of the palate. A clear, non-blurry photograph of the palate demonstrating soft tissue destruction must be submitted. Only the maxillary central incisors can be utilized for the measurement of overbite. Deep impinging overbites without visible soft tissue destruction will not be considered medically necessary
2. **Crossbite of individual anterior teeth:** Indicate an “X” on the scoresheet when destruction of the soft tissue is present. Recession of labial gingival tissue due to crossbite must be greater than 1mm and the recession must not be due to the lower crowding but directly related to the anterior crossbite.
3. **Overjet 9mm or greater:** Indicate an “X” on the scoresheet if the client has an overjet of 9mm or greater, or the reverse overjet (mandibular protrusion) is 3.5mm or greater. If this is applicable, provide a color photo using either a probe or ruler to demonstrate the condition. Photo should show the horizontal distance from the labial surface of maxillary central incisor to a corresponding reference point directly beneath on a mandibular incisor. Distance between points should not represent a diagonal distance around the arch. Ruler or probe should be oriented in the horizontal plane of space with tip visible at the labial surface of lower incisor or with tip visible at the labial surface upper incisor in the case of negative overjet. If the reverse overjet is not greater than 3.5mm, score under Part IV, #3. Please refer to HLD instructions on page 5 for proper measuring technique for overjet.
4. **NEGATIVE OJ RELATIVE TO A SKELETAL CLASS III:** Indicate an “X” on the score sheet if when there is a negative overjet relative to a skeletal class III, a recent cephalometric film must be submitted to confirm this condition.. Negative Overjet must be determined in mm’s and based on relative position of the incisal edge of the lower central incisor and the labial surface of the upper central incisor. Measurement must be reckoned in the horizontal plane of space. A zero mm OJ will not be considered a “negative OJ” measurement.

**IV****Handicapping Labiolingual Deviation Index (HLD).**

See instructions regarding scoring on page 5.

1. Overjet in mm.
2. Overbite in mm.
3. Mandibular protrusion. × 5 =
4. Open bite in mm. × 4 =

**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.**

5. Ectopic eruption: Count each tooth, excluding third molars × 3 =
6. Anterior crowding: Anterior arch length insufficiency must be equal or greater than 3.5mm; Score 5 points for the maxillary teeth if applicable, 5 points for the mandibular teeth if applicable and 10 points if both arches exhibit anterior crowding of 3.5mm or greater. × 5 =
7. Posterior unilateral crossbite: This condition involves two or more adjacent maxillary teeth, one of which must be a permanent molar. The crossbite must be one in which the maxillary posterior teeth involved may 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 scoresheet. If both left and right posterior crossbite are present, score 4 for each side. Edge to edge relationships will not be scored.

Provider’s estimated total hld score **(required)**

**PLEASE NOTE:** The HLD scoring is a guideline for your use and reference, and will be confirmed by our consultants. You will still be required to send all required information referred to in Billing Instruction and WAC. The department will make the final decision regarding medical necessity and scoring. This information may not be used to predetermine coverage in order to charge the client.

V

Signature

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Examination completed by (print name)

Date

**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.**

**To sign this form, save it to your desktop first.**

Performing provider signature

Date

Print name (include credentials)

## Part IV instructions: Handicapping labiolingual index scoring 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 measurements are made with a ruler scaled in millimeters or a periodontal probe scaled in millimeters. Absence of any conditions must be recorded by entering “0” (refer to scoresheet).

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

1. **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 central incisors. The measurement may apply to a protruding single tooth as well as to the whole arch. Horizontal distance from upper central incisor to labial surface of corresponding point on lower incisor directly behind the reference point on the upper central incisor. Distance between reference points should not represent a diagonal distance around the arch. Ruler/probe should be oriented in the horizontal plane with tip visible at the surface of lower incisor. The measurement is read and rounded off to the nearest millimeter and entered on the scoresheet.
2. **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. The measurement is taken at the central incisors.
3. **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). Confirm the mandibular protrusion with a cephalometric x-ray or a perio probe.
4. **Open bite in millimeters:** The absence of vertical overlap of the upper central incisors relative to the incisal edges of the lower incisors when the posterior teeth are in contact. The distance is measured from the incisal edge of upper central to a horizontal line extending from the antagonistic (or “corresponding”) point on the lower incisor; the open bite mm measurement should be made in a vertical plane of space. This measurement is entered on the scoresheet and multiplied by four (4).
5. **Ectopic eruption:** Count each tooth, excluding third molars. Enter the number of teeth on the scoresheet and multiply by three (3). If condition #6, 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. Impacted teeth are not ectopic unless they fit the written criteria above.

**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 by permanent teeth 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 3.5mm in the anterior segment. 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 #5, 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 may 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 scoresheet.

### Additional requirements

- All information pertaining to medical necessity must come from the client’s prescribing orthodontist. Information obtained from the client or someone on behalf of the client (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 in supporting documents such as photographs. 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.