

Orthodontic Information

MEDICAID AUTHORIZATIONS – ORTHO PO Box 45535 Olympia, WA 98504-5535

All blank fields below must be completed; please see example form on page 4.

Pro	ovider name			Patient's name	e: Last	First	MI	Sex
Bil	ling provider nur	mber		Performing pro	ovider numbe	r		
Cli	ent ID			Client birth da	te		Client age: years/months	
PA	RT I. Orthodo	ntic treatment r	equested (check bo	k below) and	diagnostic in	formation		
	Case study only	/	Fixed applia	nce therapy		_	nsitional treatment	
	Interceptive tre	eatment	Comprehen	sive full treatm	ent		se (if check, indicate month: complete treatment)	S
Te	ntative treatmer	nt plan:						
Fu	nctional concern	ıc·						
"	ictional concern							
Ī								
	•	ire orthognathic su						
		a general dentist i	n the last 12 months?	∐ Yes [No			
Sta	ge of dentition: Primary	Adolescent	☐ Mixed/Transition	nal	Cliont's chi	Br i ef complaint	ef initial opinions	
An	terior teeth:	Adolescent	Mixed/Transitio	illal	Chefft 3 Chi	ei compiaint		
	Overjet			mm				
	Overbite			mm				
	Openbite			mm	Habits			
	Midline			mm				
	<u>Crossbite</u> :							
	Indicate teeth	involved						
Ро	sterior teeth:				Musculatu	re: tone and fun	ction	
	ngle Classification							
_	keletal classifica ☐ Class I ☐	tion: (check one) Class II	c III					
_	ental classificati		3 111					
	light Class		Class II C	ass III	Symmetry	of arches		
	eft Class	I E to E	Class II C	ass III				
	<u>rossbite</u> : ndicate teeth inv	volvod						
	terior				Temporom	nandibular dysfu	nction	
		oroximate)	Spacing				···	
_			[· ·					
_	MAX MAND	mm	MAND MAND	mm				
		111111	William					

Missing teeth (list)			Or	ral hygiene: Good Fair Poor		
Ectopic eruption (Numbers of teeth	Yes	Tooth/location	Re	estoration or caries problems		
excluding third molar(s):						
Missing (indicate teeth):						
Impacted (indicate teeth):						
Ankylosed (indicate teeth):						
Supernumerary (indicate location):						
Other medical or dental problems:						
PART II. Overbite, crossbite or ov	verjet inforn	nation. See instruct	ions fo	or further information.		
Place an "x" for each condition that a	applies					
				e soft tissue of the palate. Photographic evidenthe soft tissue of the palate must be submitted		
				soft tissue is present. Recession of labial gingiva ue to the lower crowding but directly related to		
				verjet greater than 3.5mm with reported mast ner a probe or ruler to demonstrate the conditi		
Client has a negative overjet relaced confirm this condition.	ative to a skel	etal Class III. A recent	cephalo	ometric radiographic image must be submitted	to	
PART III. Handicapping Labioling	ual Deviatio	n Index (HLD). See i	instruc	tions regarding scoring.		
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PART III. Handicapping Labioling 1. Overjet in mm. 2. Overbite in mm.	ual Deviatio	n Index (HLD). See i	instruc	tions regarding scoring.		
1. Overjet in mm.	ual Deviatio	n Index (HLD). See	instruc	tions regarding scoring. X 5 =		
Overjet in mm. Overbite in mm.	ual Deviatio	n Index (HLD). See	instruc			
 Overjet in mm. Overbite in mm. Mandibular protrusion. Openbite in mm. 				X 5 =	e condition.	
 Overjet in mm. Overbite in mm. Mandibular protrusion. Openbite in mm. If both anterior crowding and ectopic	c eruptions ar	e present in the ante		X 5 = X 4 =	e condition.	
 Overjet in mm. Overbite in mm. Mandibular protrusion. Openbite in mm. If both anterior crowding and ectopic Do not score both conditions. Ectopic eruption: Count each too. Anterior crowding: Anterior arch. 	c eruptions ar oth, excluding I length insuff	re present in the ante third molars iciency must exceed 3	erior por	X 5 = X 4 = rtion of the mouth, score only the most sever	nandible;	
Overjet in mm. Overbite in mm. Mandibular protrusion. Openbite in mm. If both anterior crowding and ectopic Do not score both conditions. Ectopic eruption: Count each too 2 points maximum for anterior c lower). Posterior unilateral crossbite: Th must be one in which the maxillar.	c eruptions are oth, excluding length insuff rowding. The is condition in ary posterior to presence of p	third molars iciency must exceed 3 maximum number of evolves two or more a eeth involved may be eosterior unilateral cro	3.5mm; s points f	X 5 = X 4 = rtion of the mouth, score only the most severe X 3 = score one point for maxilla and one point for n for this item is therefore 10 points (5 upper an	nandible; d 5 ssbite the	
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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.
- 2. **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.
- 3. **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.
- 4. **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 measurements are made with a disposable ruler scaled in millimeters or a periodontal probe 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:

- 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. 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. **Openbite 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 are in contact. The distance is measured (or when a significant overjet is present estimated) in millimeters from the incisals of the upper centrals to the incisals of the lower anteriors with the posterior teeth in maximum contact. 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 #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 3.5mm 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 #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 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 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 openbite. 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

Washington State Health Care Authority Orthodontic Information MEDICAD AUTHORIZATIONS - ORTHO PO 80x 45353 Olympia, WA 98504-5535 Olympia, WA 98504-5535 Olympia, WA 98504-5535 Olympia, WA 98504-5535 All blank fields below must be completed; please see example form on page 4. Provider name Dr. Orthodontist Dee John M Sex Doe John M Sex John M Sex John M Performing provider number 1234367890 98765432.10 Client ID Client birth date 1/1/2000 1/7years/4mo PART I. Orthodontic treatment requested (Check hox below and diagnostic information All blank fields below must be completed; please see example form on page 4. Provider name Performing provider number 1/2000	
Provider name Dr. Orthodonist	
Dr. Orthodonitis	
Bertonning provider number 284567890	
SeaSes/R990	
Client services and retention Client services and retentio	
Case study only	
Case study only Fixed appliance therapy United transitional treatment Interceptive treatment Comprehensive full treatment Transfer case (if check, indicate months required to complete treatment) Interceptive treatment plan: Interceptive treatment plan: Interceptive treatment plan: Interceptive treatment (includes final records and retention) Interceptive treat	
Interceptive treatment	
If the client require orthognathic surgery?	
If the client require orthognathic surgery?	
ns the client seen a general dontist in the last 12 months?	
age of dentition: Primary M Adolescent Mixed/Transitional Client's chief complaint N/A	
☐ Primary ☐ Adolescent ☐ Mixed/Transitional Client's chief complaint N/A	
☐ Primary ☐ Adolescent ☐ Mixed/Transitional Cllent's chief complaint N/A Clent's chief complaint	
Overbite N/A mm	
Openbite 1 mm Habits	
Midline 1 mm N/A Missing tee	
Ectopic eru	uption (Numbers of teeth Yes Tooth/location Restoration or carles problems TMJ symptoms include clicking/popping left side
rossbite: excluding the notice that the notice of the noti	und molar(s).
Missing (inc	ndicate teeth): N/A
Impacted (i	(indicate teeth): N/A
the Classification,	I (indicate teeth):
Class I Class II Class III	nerary (indicate location):
ental classification: (check one)	dical or dental problems:
gnt Aclass II Class III Symmetry of arches	
Poor	
dicate teeth involved N/A PART II. O	Overbite, crossbite or overjet information. See instructions for further information.
	x" for each condition that applies
wding (Approximate) Spacing N/A 1. Client	t has a deep impinging overbite when lower incisors are destroying the soft tissue of the palate.
due to	t has a crossbite of individual anterior teeth when destruction of the soft tissue is present. Recession of lablal gingival tissue or crossbite must be more than 1 mm and the recession must not be due to the lower crowding but directly related to the foot crossbite.
A 13-666 (5/17) and sp	
	It has a negative overjet relative to a skeletal Class III. A recent cephalometric radiographic image must be submitted to irm this condition.
	Handicapping Labiolingual Deviation Index (HLD). See instructions regarding scoring.
[1] 18. ATTREET	jet in mm.
	bite in mm.
3. Mandi	dibular protrusion. X 5 =
4. Openb	nbite in mm. 1 X 4 =
	terior crowding and ectopic eruptions are present in the anterior portion of the mouth, score only the most severe condition.
	pre both conditions. sic eruption: Count each tooth, excluding third molars X3 =
	rior crowding: Anterior arch length insufficiency must exceed 3.5mm; score one point for maxilla and one point for mandible;
2 point lower)	nts maximum for anterior crowding. The maximum number of points for this item is therefore 10 points (5 upper and 5 r). 2 X 5 =
must b	rifor unilateral crossbite: This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite be one in which the maxiliary posterior teeth involved may be both paketal or both completely buccal in relation to the library posterior teeth. The presence of posterior unlateral crossbite is indicated by a score of 4 on the scoresheet. If both not right posterior crossbite are present, score 4 for each side.
PROVIDER	R'S ESTIMATED TOTAL HLD SCORE (REQUIRED)
send all regr	OTE: The HLD scoring is a guideline for your use and reference, and rescoring may be completed by our consultants. You will still be requipuled information referred to in Billing Instruction and WAC. The department will make the final decision regarding medical necessity a is information may not be used to predetermine rowage in order to charge the cilent.
	ns information may not be used to predetermine coverage in order to charge the chieft. Print name on completed by: Doctor Orthodontist DDS, MS 5/1/17
I certify that knowledge.	hat I am the performing provider and that the medical necessity information is true, accurate, and complete, to the best of my e. I understand that any falsification, omission, or concealment of material fact in those sections may subject me to civil or crimin
liability.	IING PROVIDER SIGNATURE Print name (INCLUDE CREDENTIALS) Doctor Orthodontist DDS, MS 5/1/17

HCA 13-666 (12/16)