



Evaluation for Severe Physically Handicapping Malocclusion

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Office of Health Insurance Programs

Division of OHIP Operations

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This webinar will provide:

- Overview of NYS Medicaid orthodontia coverage
- Walk-through of HLD Index Report
- Description of fee for service prior approval processes
- Opportunity for Q&A.

NYS Medicaid Orthodontia Coverage

18 NYCRR 506.4 provides for Medicaid coverage for persons:

- Under 21 years of age for up to three years of active orthodontic care, plus one year of retention care, to treat a **severe physically handicapping malocclusion**. Part of such care could be provided after the person reached the age of 21, provided that the treatment was **approved and active therapy begun** prior to the person's 21st birthday.
- Age 21 and over in connection with **necessary surgical treatment** (e.g. approved orthognathic surgery, reconstructive surgery or cleft palate treatment).

NYS Medicaid Orthodontia Coverage (continued)

DOH must establish specific procedures and criteria for billing and reimbursement for orthodontic services, as published in the Medicaid Dental Provider Manual:

- Billing, Coding, Policy & Provider requirements
- Prior approval submission instructions and documentation requirements to establish a severe physically handicapping malocclusion.
 - ✓ The Handicapping Labio-Lingual Deviation (HLD) Index Report will be required to be submitted effective 9/1/2012 for prior approval of initial orthodontia care for both fee for service and managed care patients.

Why use the HLD Index?

- Current Medicaid guidelines are outdated and do not reflect current standards of orthodontic treatment.
- The HLD Index is **simple** to use and the results are **reproducible**. The HLD Index provides an objective and standardized measurement methodology to determine Medicaid coverage for the treatment of a **severe physically handicapping malocclusion**.
- The HLD Index is an administrative tool used to measure the presence or absence, as well as the degree, of a handicap caused by the components of the Index. It is not used to diagnose malocclusion.
- The HLD Index can be implemented without undue burden to providers. The information required to complete the Index is consistent with information providers already collect during the assessment of the patient, and there is no additional examination requirement in order to complete the report.

Why use the HLD Index? (continued)

- The HLD Index not only ensures treatment of obvious cases of malocclusion and facial malformation, but the scoring of other observed conditions allows additional cases to be considered for orthodontic treatment based on documentation submitted by the treating orthodontist and an evaluation by trained professionals.
- The HLD Index was designed by the NYS Bureau of Dental Health in 1960 for its public health programs, thus its use will not be a new initiative. Many other states, including California, Alaska, Nevada, Washington, and Florida, utilize an orthodontic index to assess severity of malocclusion and to help identify and prioritize treatment needs;
- New York State will establish a total score of 26 on the HDL Index as a threshold score. This is consistent with determinations made in NYS following the existing guidelines as well as with other states, such as California, Nevada and Alaska.

The PDF file of the HLD Index Report is available for download at:
https://www.emedny.org/ProviderManuals/Dental/PDFS/HLD_Index_NY.pdf

The Dental Provider Manual, as well as the HLD Index Report,
are also available for download at:

<https://www.emedny.org/ProviderManuals/Dental/>



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Dental Manual

Dental Manual Contents

- Information for All Providers
- Policy and Procedure Codes Manual (PDF 397KB)
- Handicapping Labio-Lingual Deviation (HLD) Index Report (PDF 80KB)**
- Fee Schedule (XLS 94KB)
- Billing Guidelines
 - Dental Billing Guidelines (PDF 364KB)
 - General Remittance Guidelines (PDF 2.71MB)
- Prior Approval Guidelines (PDF 380KB)
- Prior Approval Business Location Chart (PDF 84KB)

The HLD Index Report

Conditions which Automatically Qualify

The Conditions In This Section Automatically Qualify For Treatment.
Indicate an "X" if present and score no further.

Cleft palate deformity or cranio-facial anomaly.	
Deep impinging overbite with severe soft tissue damage.	
Crossbite of individual anterior teeth when clinical attachment loss and recession of the gingival margin are present.	
Severe traumatic deviations.	
Impacted permanent anteriors where extraction is not indicated.	
Overjet greater than 9mm with incompetent lips or reverse overjet greater than 3.5mm with reported masticatory/speech difficulties.	

Description of Conditions that Automatically Qualify

- **Cleft Palate Deformities or Cranio-Facial Anomaly:** Documentation must include photographs and a written report from a qualified specialist(s) treating the deformity / anomaly.
- **Deep Impinging Overbite with Severe Soft Tissue Damage:** When the lower incisors are destroying the soft tissue of the palate. Tissue laceration and/or clinical attachment loss must be present.
- **Crossbite of Individual Anterior Teeth:** When clinical attachment loss and recession of the gingival margin are present.
- **Severe Traumatic Deviations:** Traumatic deviations include loss of a premaxilla segment by burns or by accident, the result of osteomyelitis or other gross pathology. Include a written report and photographs.
- **Impacted Permanent Anterior Teeth:** Demonstrate that anterior tooth (teeth) (incisors and / or cuspids) is (are) impacted (soft or hard tissue); exposure and passive eruption is unlikely; extraction would compromise the integrity of the arch; and, the tooth (teeth) are treatment planned to be exposed ligated / banded and brought into the normal arch form; and, there is, or will be sufficient arch space for correction.
- **Overjet Greater than 9mm or Mandibular Protrusion (reverse overjet) is Greater than 3.5mm:** 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 the “Mandibular Protrusion in Millimeters” item.

The HLD Index Report

Conditions which must be Measured and Scored to Qualify

The Conditions In This Section Must Total 26 Or More To Qualify For Treatment	
Overjet equal to or less than 9mm	
Overbite in mm	
Mandibular protrusion (reverse overjet) in mm equal to or less than 3.5mm	_____ x 5 = _____
Open bite in mm	_____ x 4 = _____
<i>If both anterior crowding and ectopic eruption are present in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.</i>	
Ectopic eruption: Count each tooth, excluding 3rd molar.	_____ x 3 = _____
Anterior crowding: Score one point for MAXILLA, and/or one point for MANDIBLE; two (2) points maximum. Multiply by five (5).	_____ x 5 = _____
Labio-Lingual spread (in mm)	
Posterior unilateral crossbite (involving at least one molar): Score 4 if present.	
Total Score	_____

Description of Conditions that must be Measured and Scored

- **Overjet Equal to or Less than 9mm:** 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. Round this measurement to the nearest millimeter and enter on the score sheet.
- **Overbite in Millimeters:** A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. Round off to the nearest millimeter and enter on the score sheet. "Reverse" overbite may exist in certain conditions and should be measured and recorded.
- **Mandibular Protrusion (reverse overjet) equal to or less than 3.5mm in Millimeters:** Score exactly as measured from the labial of the lower incisor to the labial of the upper incisor. The measurement in millimeters is entered on the score sheet and multiplied by five (5). A reverse overbite, if present, should be shown under "overbite."
- **Open Bite in Millimeters:** This condition is defined as the absence of incisal contact in the anterior region. It is measured from edge to edge in millimeters. Enter the measurement on the score sheet and multiply by four (4). 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.
- **Ectopic Eruption:** Count each tooth, excluding third molars. Each qualifying tooth must be more than 50% blocked out of the arch. Enter the number of teeth on the score sheet and multiply by three (3). If anterior crowding is present with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition. DO NOT SCORE BOTH CONDITIONS. However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

Description of Conditions that must be Measured and Scored (cont.)

- **Anterior Crowding:** Arch length insufficiency must exceed 3.5mm. 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 ectopic eruption is also present in the anterior portion of the mouth, score the most severe condition. **DO NOT SCORE BOTH CONDITIONS.** Posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.
- **Labio-Lingual Spread:** Use a Boley Gauge or a disposable ruler to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded anterior tooth and the most lingually displaced anterior tooth is measured. The labio-lingual spread probably comes close to a measurement of overall deviation from what would have been a normal arch. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but only the most severe individual measurement should be entered on the Index.
- **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 either be both palatal or both completely buccal in relation to mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the score sheet. **THERE IS NO SCORE FOR BI-LATERAL CROSSBITE.**
- **IF A PATIENT DOES NOT MEET ONE OF THE AUTOMATIC QUALIFYING CONDITIONS AND DOES NOT SCORE 26 OR ABOVE ON THE HLD INDEX, HE/SHE MAY BE ELIGIBLE FOR SERVICES DEPENDENT UPON PROFESSIONAL ASSESSMENT OF THE DOH IF MEDICAL NECESSITY IS DOCUMENTED.**

What Needs to be Submitted

(Fee for Service ONLY; MMC Plans may vary in submission requirements)

Along with the prior approval request . . .

- Pages 1 and 2 of the completed and signed HLD analysis and narrative describing the nature of the severe physically handicapping malocclusion, along with any documentation relevant to determining the nature and extent of the handicap;
- A panoramic and/or mounted full mouth series of intra-oral x-rays;
- A cephalometric x-ray with teeth in centric occlusion and cephalometric analysis / tracing;
- Photographs of frontal and profile views;
- Intra-oral photographs depicting right and left occlusal relationships as well as an anterior view;
- Maxillary and mandibular occlusal photographs; and
- Photos of articulated models can be submitted optionally (Do **NOT** send stone casts).

How to Submit

(fee for service ONLY; MMC Plans may vary in submission requirements)

Electronically :

Prior approval request can be submitted electronically via a HIPAA compliant 278 transaction. All of the necessary supporting documentation (HLD Index Report, x-rays, treatment plan etc.) can also be submitted electronically as attachments to the prior approval request when ePACES is used.

The following file formats for attachments are currently supported in ePACES:

JPEG; TIF; PNG; and GIF.

On Paper:

Requests and supporting documentation can also be submitted on paper using the “eMedNY 361402” form available from “Computer Sciences Corporation (CSC)”.

Contact Information

To obtain prior approval request form “eMedNY 361402” , or, for more information about ePACES and electronic submission of prior approval requests and attachments, contact Computer Sciences Corporation (CSC) at:

- (800) 343-9000.

For questions concerning policy, fee for service prior approval requests or claims which have been denied following professional review, contact the OHIP Dental Bureau at:

- Telephone: (800) 342-3005 (option #2) or,
- eMail: Ortho@health.state.ny.us

Dental vendors – listing of the NYS Medicaid Managed Care plans and their dental benefit subcontractors:

http://www.health.ny.gov/health_care/medicaid/redesign/docs/dental_vendor_contact_information.pdf