



MEDICAID MANAGED CARE ORTHODONTIC HLD EVALUATION FORM

PATIENT NAME: _____ CIN/ID #: _____

DATE OF BIRTH: _____ AGE (UNDER 21): _____

PRACTICE NAME/SITE #: _____ TELEPHONE: _____

ADDRESS: _____

Instructions:

1. Enter all requested provider and patient information above. Provider must sign and date at the bottom.
2. Enter a score of "0" if the condition is absent.
3. Position teeth in centric occlusion.
4. Round measurements to the nearest millimeter (mm).
5. Use the "HLD Index Scoring Instructions" (refer to the "Healthplex Government Provider Manual") for guidance in completion of the assessment.
6. Submit this page along with a prior approval request and all necessary diagnostic and supporting documentation.

Section 1. Automatic Qualifying Conditions

If applicable, check condition that applies, and no further scoring is needed.

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:

Extraction Exposure and Alignment

Overjet greater than 9mm with incompetent lips, or reverse overjet greater than 3.5mm with reported masticatory/speech difficulties

Section 3. Radiographs and Photographs Enclosed

Panoramic radiograph

Cephalometric radiograph (with teeth in centric occlusion)

Photographs of frontal, profile and smile view

Intra-oral photographs showing right and left occlusal relationship (first molar occlusion) and anterior view

Maxillary and mandibular occlusal views

Optional—Lateral intra-oral view showing Overjet/Overbite

Optional—Photos of articulated models (DO NOT send stone casts)

Section 2. Must Total 26 or More to Qualify (only needed if Section 1 did not meet automatic qualifier)

Condition	Score
Overjet equal to or less than 9mm (in mm)	
Overbite (in mm)	
Mandibular Protrusion (reverse overjet) equal to or less than 3.5mm (in mm)	___ x 5 = ___
Open bite (in mm)	___ x 4 = ___

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.

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)	___ x 5 = ___
Labio-Lingual spread (in mm)	
Posterior unilateral crossbite (involving at least one molar) Score 4 if present	

Total Score: _____

ORTHODONTIST SIGNATURE: _____ DATE: _____