

APPENDIX A

MEDICAID ORTHODONTIC INITIAL ASSESSMENT FORM (IAF)

You will need this scoresheet and a disposable ruler (or a Boley Gauge)

Name: _____ I. D. Number: _____

Conditions:	HLD Score
1. Cleft palate deformities (Indicate an "X" if present and score no further)	_____
2. Deep impinging overbite. When lower incisors are destroying the soft tissue (Indicate an "X" if present and score no further)	_____
3. Crossbite of individual anterior teeth. When destruction of soft tissue is present (Indicate an "X" if present and score no further)	_____
4. Severe traumatic deviations. (Attach description of condition. For example, loss of a premaxilla segment by burns or accident, the result of osteomyelitis or other gross pathology) (Indicate an "X" if present and score no further)	_____
5A. Overjet greater than 9 mm with incompetent lips or reverse overjet greater than 3.5 mm with reported masticatory and speech difficulties. (Indicate an "X" if present and score no further)	_____
5B. Overjet in mm _____	_____
6. Overbite in mm _____	_____
7. Mandibular protrusion in mm _____	x 5= _____
8. 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.	
9. Ectopic eruption (Count each tooth, excluding third molars). _____	x 3= _____
10. Anterior crowding (Score one point for MAXILLA and one point for MANDIBLE, two points for maximum anterior crowding). _____	x 5= _____
11. Labio-Lingual spread in mm _____	_____
12. Posterior unilateral crossbite (must involve two or more adjacent teeth, one of which must be a molar)	Score 4 _____
Total Score _____	

Dental Services Coverage and Limitations Handbook

Patient name: _____ Medicaid I.D. # _____

Please describe these and any other problems:

Please describe tentative treatment plan:

Use additional sheets as required.

Date Provider's signature

For Medicaid use

___ Patient does not meet Medicaid criteria for "most severely handicapped"

___ Patient not eligible

___ Send additional materials, as per handbook

Consultant Date

Appendix A, continued

How to Score the Initial Assessment Form

Cleft Palate – Submit a cleft palate case in the mixed dentition only if you can justify in a narrative why there should be treatment before the client is in full dentition.

Severe Traumatic Deviation – Refers to facial accidents only. Points cannot be awarded for congenital deformity. It does not include traumatic occlusions for crossbites.

Overjet in Millimeters – Score the case exactly as measured, then subtract 2mm (considered the norm) and enter the difference as the score.

Overbite in Millimeters – Score the case exactly as measured, then subtract 3mm (considered the norm) and enter the difference as the score. This would be double counting.

Mandibular Protrusion in Millimeters – Score the case by measurement in mm by the distance from the labial surface of the mandibular incisors to the labial surface of the maxillary incisor. Do not score both overbite and open bite.

Open Bite in Millimeters – Score the case exactly as measured. Measurement should be recorded from the “line of occlusion” of the permanent teeth-not from ectopically erupted teeth in the anterior segment. Caution is advised in undertaking treatment of open bites in older teenagers, because of the frequency of relapse.

Ectopic Eruption – An unusual pattern of eruption, such as high labial cuspids or teeth that are grossly out of the long axis of the alveolar ridge. Do **not** include (score) teeth from an arch if that arch is to be counted in the following category of “Anterior crowding.” For each arch, you may score either the ectopic eruption **or** anterior crowding but **not** both.

Anterior Crowding – Anterior teeth that require extractions as a prerequisite to gain adequate room to treat the case. If the arch expansion is to be implemented as an alternative to extraction, provide an estimated number of appointments required to attain adequate stabilization. Arch length insufficiency must exceed 3.5 mm to score for crowding on any arch. Mild rotations that may react favorably to stripping or moderate expansion procedures are not to be scored as “crowded.”

Labio-Lingual Spread in millimeters –The measurement of the lower incisors in millimeters in the deviation from the normal arch of the lower teeth.

Providers should be conservative in scoring. Liberal scoring will not be helpful in the evaluation and approval of the case. The case **must** be considered **dysfunctional** and have a minimum of **26** points on the IAF to qualify for any orthodontic care other than crossbite correction.

The intent of the program is to provide orthodontic care to recipients with handicapping malocclusion to improve function. Although aesthetics is an important part of self-esteem, services that are primarily for aesthetics are not within the scope of benefits of this program.

If attaining a qualifying score of 26 points is uncertain, provide a brief narrative when submitting the case. The narrative may reduce the time necessary to gain final approval and reduce shipping costs incurred to resubmit records.

Directions For Using The Handicapping Labio-Lingual Deviation (HLD) Index

Instructions for HLD Index Measurements

Procedure:

1. Position the patient's teeth in centric occlusion.
2. Record all measurements in the order given and round off to the nearest millimeter (mm).
3. Enter score "0" if condition is absent.
4. The use of a recorder is recommended.

Conditions:

1. Cleft palate deformities---automatic qualification; however if the deformity cannot be demonstrated on the study model, the condition must be diagnosed by properly credentialed experts and that diagnosis must be supported by documentation. If present, enter an "X" and score no further.
2. Deep impinging overbite---tissue destruction of the palate must be clearly visible in mouth. On study models, the lower teeth must be clearly touching the palate and there must be clear evidence of damage visible on the submitted models; touching or slight indentations do not qualify. If present, enter an "X" and score no further.
3. Crossbite of individual anterior teeth---destruction of soft tissue must be clearly visible in the mouth and reproducible and visible on the study models. A minimum of 1.5mm of tissue recession must be evident to qualify as soft tissue destruction in anterior crossbite cases. If present, enter an "X" and score no further.
4. Severe traumatic deviations---these might include, for example, loss of premaxillary segment by burns or accident, the result of osteomyelitis, or other gross pathology. Traumatic deviation does not mean loss of anterior teeth due to gross destruction or evulsion. If present, enter an "X" and score no further.
5. Overjet---this is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of a lower incisor to the labial surface of an upper central incisor. Measure parallel to the occlusal plane. Do not use the upper lateral incisors or cuspids. The measurement may apply to only one tooth if it is severely protrusive. Reverse overjet may be measured in the same manner. Do not record overjet and mandibular protrusion (reverse overjet) on the same patient. If the overjet is greater than 9mm or reverse overjet is greater than 3.5mm, enter an "X" and score no further. Otherwise, enter the measurement in mm x 1.
6. Overbite---a pencil mark on the tooth indicating the extent of the overlap assists in making this measurement. Hold the pencil parallel to the occlusal plane when marking and use the incisal edge of one of the upper central incisors. Do not use the upper lateral incisors or cuspids. The measurement is done on the lower incisor from the incisal edge to the pencil mark. "Reverse" overbite may exist and should be measured on an upper central incisor--from the incisal edge to the pencil mark. Do not record overbite and openbite on the same patient. Enter the measurement in mm x 1.
7. Mandibular (dental) protrusion or reverse overjet---measured from the labial surface of a lower incisor to the labial surface of an upper central incisor. Mandibular incisors in crossbite do not count as mandibular (dental) protrusion or reverse overjet. Skeletal mandibular protrusion must be present. Do not use the upper lateral incisors or cuspids for this measurement. Do not record mandibular protrusion (reverse overjet) and overjet on the same patient. The measurement in millimeters is entered on the scoresheet and multiplied by five (5).

Directions For Using The Handicapping Labio-Lingual Deviation (HLD) Index, continued

8. Open bite---measured from the incisal edge of an upper central incisor to the incisal edge of a lower incisor. Do not use the upper lateral incisors or cuspids for this measurement. In some situations, one has to make an approximation by measuring perpendicular to the occlusal plane as illustrated in Fig. 1. Do not record overbite and open bite on the same patient. The measurement in millimeters is entered on the scoresheet and multiplied by four (4).
9. Ectopic eruption---count each tooth excluding third molars. Enter the number of teeth on the scoresheet and multiply by three (3). If condition No. 10, anterior crowding, is also present with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition (the condition represented by the most points). **Do not score both conditions.**
10. Anterior crowding---anterior arch length insufficiency must exceed 3.5 mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter five (5) points for maxillary arch with anterior crowding and (5) points for mandibular arch with anterior crowding. If condition. No.9, ectopic eruption is also present in the anterior portion of the mouth, score only the most severe condition (the condition represented by the most points). **Do not score both conditions.**
11. Labiolingual spread---use a disposable ruler (or a Boley gauge) 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 a line representing the normal arch line. Otherwise, the total distance between the most protruded tooth and the most lingually displaced adjacent anterior tooth. In the event that multiple anterior crowding is observed, all deviations should be measured for labiolingual spread but only the most severe individual measurement should be entered on the scoresheet. Enter the measurement in millimeters on the scoresheet.
12. 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 two maxillary posterior teeth involved may either 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 four (4) on the scoresheet.