

## Instructions for Completing the New Jersey Orthodontic Evaluation HLD (NJ-Mod2) Index Form

### NJ EHB Orthodontic Review Criteria:

Medical necessity must be met by demonstrating severe functional difficulties, developmental anomalies of facial bones and/or oral structures, facial trauma resulting in functional difficulties or documentation of a psychological/psychiatric diagnosis from a mental health provider that orthodontic treatment will improve the mental/psychological condition of the child.

- ▶ Orthodontic treatment requires prior authorization and is not considered for cosmetic purposes.
- ▶ Orthodontic consultation can be provided once annually as needed by the same provider.
- ▶ Pre-orthodontic treatment visit for completion of the HLD (NJ-Mod2) assessment form and diagnostic photographs and panoramic radiograph/views is required for consideration of services.
- ▶ Orthodontic cases that require extraction of permanent teeth must be approved for orthodontic treatment prior to extractions being provided. The orthodontic approval should be submitted with referral to oral surgeon or dentist providing the extractions and extractions should not be provided without proof of approval for orthodontic service.
- ▶ Initiation of treatment should take into consideration time needed to treat the case to ensure treatment is completed prior to 19th birthday.
- ▶ Periodic oral evaluation, preventive services and needed dental treatment must be provided prior to initiation of orthodontic treatment.
- ▶ The placement of the appliance represents the treatment start date.

- ▶ Reimbursement includes placement and removal of appliance. Removal can be requested by report as separate service for provider that did not start case and requires prior authorization.
- ▶ Completion of treatment must be documented to include diagnostic photographs and panoramic radiograph/view of completed case and submitted when active treatment has ended and bands are removed. Date of service used is date of band removal.

### *Orthodontic service to include:*

- a) Limited treatment for the primary, transitional and adult dentition
- b) Interceptive treatment for the primary and transitional dentition
- c) Minor treatment to control harmful habits
- d) Continuation of transfer cases or cases started outside of the program
- e) Comprehensive treatment for handicapping malocclusions of adult dentition. Case must demonstrate medical necessity based on score total equal to or greater than 26 on the HLD (NJ-Mod2) assessment form with diagnostic tools substantiation or total scores less than 26 with documented medical necessity.
- f) Orthognathic Surgical Cases with comprehensive orthodontic treatment
- g) Repairs to orthodontic appliances
- h) Replacement of lost or broken retainer
- i) Rebonding or recementing of brackets and/or bands

The intent of the HLD (NJ-Mod2) Index is to measure the presence or absence and the degree of the handicap caused by the components to be scored with the index and NOT to diagnose "malocclusion". Presence of conditions 1 through 6A or a score total equal to or greater than 26 qualifies for medical necessity exception.

### GENERAL INFORMATION:

- **Only cases with permanent dentition will be considered (see comprehensive orthodontics for exception).**
- A Boley Gauge or disposable ruler scaled in millimeters should be used;
- The patient's teeth are positioned in centric occlusion;
- All measurements are recorded and rounded off to the nearest millimeter (mm);
- For sections 1 to 6A and 15 an X is placed if the condition exists and no further scoring is needed;
- For sections 6B to 14, indicate the measurement or if a condition is absent, a 0 is entered;
- The use of an assistant to record the findings is recommended;
- **Diagnostic models are required** with submission of prior authorization. Casts must be properly poured, adequately trimmed without voids or bubbles and marked for centric occlusion;
- **Diagnostic quality photographs** to show facial, frontal and profile, intra-oral front, left and right side, maxillary and mandibular occlusal views (minimum of seven views).

**INSTRUCTIONS FOR FORM COMPLETION:**

1. **Cleft Palate Deformity** - acceptable documentation must include at least one of the following: intraoral photographs of the palate, written consultation report by a qualified specialist or craniofacial panel. Score an X if present.
2. **Cranio-facial Anomaly** - acceptable documentation must include written report by qualified specialist or craniofacial panel and photographs. Score an X if present.
3. **Impacted Permanent Anterior Teeth** - demonstrate that anterior tooth or teeth (incisors and cuspids) is or are impacted (soft or hard tissue); not indicated for extraction and treatment planned to be brought into occlusion. Arch space available for correction. Score an X if present.
4. **Crossbite of Individual Anterior teeth** - Score an X if present.
5. **Severe Traumatic Deviation** - damage to skeletal and or soft tissue as a result of trauma or other gross pathology. Include written report and intraoral photographs. Score an X if present.
- 6A. **Overjet greater than 9mm or mandibular protrusion (reverse overjet) greater than 3.5** - Overjet is recorded with the patient's teeth in centric occlusion and is measured from the labial of the lower incisors to the labial of the corresponding upper central incisors. This measurement should record the greatest distance between any one upper central incisor and its corresponding lower central or lateral incisor. If the overjet is greater than 9mm or mandibular protrusion (reverse overjet) is greater than 3.5mm, score an X if present.
- 6B. **Overjet equal to or less than 9mm** - overjet is recorded as in condition in 6A. The measurement is rounded to the nearest millimeter and entered on the score form.
7. **Overbite** - A pencil mark on the tooth indicating the extent of the overlap facilitates the measurement. It is measured and rounded off the nearest millimeter and entered on the score form. "Reverse" overbite may exist and should be measured and entered on score form.
8. **Mandibular protrusion (reverse overjet) equal to or less than 3.5 mm** - Mandibular protrusion (reverse overjet) is recorded as a condition in 6A and rounded to the nearest millimeter. Enter the score on the form and multiply it by five (5).
9. **Open Bite in millimeters** - This condition is defined as the absence of occlusal contact in the anterior region. It is measured from the incisal edge of a maxillary central incisor to the incisal edge of a corresponding mandibular incisor, in millimeters. Enter the measurement on the score form and multiply by four (4). If case is such that measurement is not possible, measurement can usually be estimated.
10. **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 qualifying teeth on the score form and multiply by three (3). If anterior crowding (see condition #11) also exists in the same arch, score the condition that scores the most points. **DO NOT COUNT BOTH CONDITIONS.** However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.
11. **Deep Impinging Overbite** - destruction of soft tissue on palate is present. Submit intraoral photographs of tissue damage/impingement. The presence of deep impinging overbite is indicated by a score of three (3) on the score form.
12. **Anterior Crowding** - Arch length insufficiency must exceed 3.5 mm. Mild rotations are not to be scored as crowded. Score one (1) for a crowded maxillary arch and/or one for a crowded mandibular arch. Enter the total on score form and multiply by five (5). If ectopic eruption exists in the anterior region of the same arch, count the condition that scores the most points. **DO NOT COUNT BOTH CONDITIONS.** However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.
13. **Labio-Lingual Spread** - A Boley Gauge (or disposable ruler) is used 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 adjacent anterior tooth is measured. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for the labio-lingual spread, but only the most severe individual measurement should be entered on the score form.
14. **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 the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the score form. **NO ADDITIONAL SCORE FOR BI LATERAL CROSSBITE.**
15. **Psychological factors affecting child's development** - This condition requires detailed documentation by a **mental health provider** that contains the psychological or psychiatric diagnosis, treatment history and prognosis. An attestation from the mental health provider must state and substantiate that orthodontic correction will result in a favorable prognosis of the mental/psychological condition.

**NJ ORTHODONTIC ASSESSMENT TOOL - HLD (NJ-Mod2)****\*\*All needed preventive and dental treatment must be completed - attach attestation\*\***

SUBMIT: cephalometric image, panoramic image, 5-7 intraoral photographs, and standard review form.

Name:		Member ID #
Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Class/Type of Case:
Treatment: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Interceptive		Name of General Dentist:
Name of dentist:		Billing Provider #:

**Notes:** Follow instructions for completing form found on pages 1-3. Conditions 1-6A are automatically qualifying conditions and need no further scoring. Indicate with an X when the conditions in 1-6A or 15 are present. Conditions 6B-14 must total 26 or more.

Condition		Score
1.	<b>Cleft palate deformity</b> (attach description from credentialed specialist)	
2.	<b>Cranio-facial Anomaly</b> (attach description from credentialed specialist)	
3.	<b>Impacted permanent anteriors</b> where extraction is not indicated Note the number of teeth	
4.	<b>Crossbite of individual anterior teeth</b>	
5.	<b>Severe traumatic deviations</b>	
6A.	<b>Overjet greater than 9 mm</b> with incompetent lips or <b>reverse overjet greater than 3.5 mm</b>	
6B.	<b>Overjet (mm)</b>	
7.	<b>Overbite (mm)</b>	
8.	<b>Mandibular protrusion (mm) x 5</b>	
9.	<b>Open bite (mm) x 4</b>	
10.	<b>Ectopic eruption (# of teeth x 3)</b>	
11.	<b>Deep impinging overbite</b> (intra-oral photos that demonstrate palatal soft tissue impingement/destruction are required) Score 3 points if present	
12.	<b>Anterior crowding MX MD Total x5</b> (score 1 per arch)	
13.	<b>Labiolingual spread (mm)</b>	
14.	<b>Posterior unilateral crossbite</b> (involving molar): Score 4 if present	
15.	<b>Psychological factors affecting development ("X" requires detailed documentation by mental health provider of psychological/psychiatric diagnosis, prognosis and that orthodontic correction will improve mental/psychological condition.)</b>	
<b>TOTAL</b>		

 Medical exceptions with score total less than 26 (check one)

 Dental diagnosis

 Medical diagnosis

 Clinical significance or functional impairment
**For consultant use only:**
 APPROVED

 EXCEPTION

 DENIED