

Affordable Care Act (ACA) Handicapping Labio-Lingual Deviations (HLD) Orthodontic Treatment Score Sheet

INSTRUCTIONS
Submit completed form to Mail Administrator, P.O. Box 14115, Lexington, KY 40512-4115 or electronically using payer ID 00580.

INFORMATION			
Patient's Name	Date of Birth	Member ID	
Street Address			
City	State	Zip Code	
Orthodontist's Signature	Tax ID #		
Assessment Date			

CONDITIONS		SCORE
Cleft palate —Submit cleft palate cases with mixed dentition only if you can justify in a report why the member should be treated before s/he is in the full dentition. Will there be intermittent treatment? Score 15 pts		
Severe Traumatic deviations —Refers to facial accidents rather than congenital deformity. It does not include traumatic occlusions or crossbites. Score 15 pts		
Overjet — Measure overjet in millimeters and subtract 2mm to determine score. Two millimeters of overjet is considered normal. Overjet ___ mm minus 2mm		
Overbite —Measure overbite in millimeters and subtract 3mm to determine score. Three millimeters of overbite is considered normal. Overbite ___mm minus 3mm		
Mandibular protrusion —Measure the protrusion in millimeters and multiply by 5. Protrusion___mm X 5		
Open bite —Measure the vertical opening between maxillary and mandibular incisors in millimeters and multiply by 4 not to include overjet. Opening ___mm X 4		
Labio-Lingual spread —Measure the total spacing between the anterior teeth in millimeters.		
Anterior crowding —Refers to anteriors so badly crowded that extractions are pre-requisite to treatment. Arch length insufficiency must exceed 3.5 mm to score points. If crowding exceeds 3.5 mm in an arch, score 5 points for that arch.	Maxilla	
	Mandibular	
Ectopic eruption —This refers to an unusual pattern of eruption such as high labial cuspids. Do not score teeth in this category if they are scored under maxillary or mandibular crowding. Count each tooth and multiply the # of teeth by 3. ___ Teeth X 3		
Posterior crossbite —Score 5 points for a left or right posterior crossbite. There is a maximum of 5 points for this category. Crossbite must be complete, not partial.		
A score of 15 and higher constitutes a physical handicap.		
		Total
HLD Score by	Date	
Comments		
Documentation		
Models_____	X-rays_____	Narrative_____
Ceph Films_____	Photos_____	

Orthodontic Services for Members Ages 0–19

Affordable Care Act (ACA) members age 19 and under may qualify for orthodontic care under the ACA dental product. Members must have a severe, functionally impaired, handicapping malocclusion.

Since cases must demonstrate functional impairment to be accepted for treatment, members whose molars and bicuspid are in good occlusion seldom qualify. Crowding alone is usually not dysfunctional in spite of the aesthetic considerations.

All orthodontic services included in ACA qualified dental products require prior authorization by a CareFirst dental consultant. The member must present with a fully erupted set of permanent teeth. At least 1/2 to 3/4 of the clinical crown should be exposed, unless the tooth is impacted or developmentally missing.

The handicapping labio-lingual deviations (HLD) form is used as the basis for determining whether a member qualifies for orthodontic treatment. A member must score a minimum of 15 points to qualify for coverage – points are not awarded for esthetics, therefore, additional points for handicapping esthetics will not be considered as part of the determination.

The following documentation must be submitted with the request for pre-treatment estimate for orthodontic services

- ADA 2006 or newer claim form with service code requested
- Dated, digital images of original diagnostic study models with frontal and profile views (2) with teeth in full occlusion, plus images from occlusal view of full upper and lower arches separately
- Cephalometric head film with measurements, cephalometric analysis
- Panoramic or full series periapical radiographs
- Clinical summary with diagnosis
- HLD score sheet completed and signed by the orthodontist and
- Treatment plan

The starting and billing date of orthodontic services is defined as the date when the bands, brackets or appliances are delivered/inserted in the member's mouth. The member must be eligible on this date of service.

Initial payments for orthodontics (codes D8070, D8080, D8090) include: initial banding, debanding, 1 set of retainers and 24 months of retainer adjustments.

To ensure proper and prompt payment of orthodontic cases, please follow the steps below:

- Submit a completed ADA 2006 (or newer) claim for an orthodontic pre-treatment estimate listing D8070, D8080 or D8090 (Comprehensive Orthodontic Treatment).
- Once the determination has been made on the comprehensive orthodontic treatment, submit a separate claim for reimbursement of records with the date records were taken.
- When brackets and bands have been placed in the member's mouth, submit a separate claim for reimbursement for comprehensive orthodontic treatment (D8070, D8080, D8090) with the banding date.
- Monthly treatment visits will be paid in quarterly installments – do not submit additional monthly claims. The member must remain eligible through the entire course of treatment (24 months).
- Electronically file or mail a copy of the completed ADA form and the date of service.

The maximum case benefit for orthodontic treatment consists of a reimbursement for records, one (1) comprehensive treatment code (D8070, D8080, D8090)—initial payment of 25% of amount due to be paid for comprehensive treatment will be released upon banding, remaining balance (monthly treatment visits—not to exceed 24 months) will be paid automatically in quarterly installments. Additional periodic treatment visits beyond 24 months will be the provider's financial responsibility and not the member's. Members may not be billed for broken, repaired or replacement of brackets or wires.