

Clinical Review of Handicapping Malocclusion (HCM)

In The Context Of The Medicaid Orthodontia Benefits

HCM

- Malocclusion: literally “poor inter-fitting of teeth” ; poor alignment of teeth
- Handicapping : a severe type of malocclusion caused by any number of conditions

Crowding of teeth, overjet, overbite or crossbite
Inherited or brought on by premature tooth loss
Thumb sucking / pacifier use

- In its most extreme form, children may have difficulty biting and chewing, swallowing, and speaking



Orthodontia and Medicaid HCM

Medicaid covers Medically necessary cases of orthodontia.

Generally speaking, HCM cases are considered medically necessary.

To determine if a case is HCM (and therefore medically necessary), states use indexes

Indexes record the existence of a malocclusion and measure its degree or severity

HLD Index

- Most common, and data-supported index to measure this severity is the Handicapping Labio-lingual Deviation (HLD) Index
 - The intent of the HLD index is to measure the presence or absence, and the degree, of disease severity.
 - Nationally, the most accepted threshold for HLD is 26

CONDITIONS #1 – #6A ARE AUTOMATIC QUALIFYING CONDITIONS

HLD Score

- 1. Cleft palate deformity (See scoring instructions for types of acceptable documentation) Indicate an 'X' if present and score no further.....
- 2. Cranio-facial anomaly (Attach description of condition from a credentialed specialist) Indicate an 'X' if present and score no further.....
- 3. Deep impinging overbite **WHEN LOWER INCISORS ARE DESTROYING THE SOFT TISSUE OF THE PALATE. TISSUE LACERATION AND/OR CLINICAL ATTACHMENT LOSS MUST BE PRESENT.** Indicate an 'X' if present and score no further.....
- 4. Crossbite of individual anterior teeth **WHEN CLINICAL ATTACHMENT LOSS AND RECESSION OF THE GINGIVAL MARGIN ARE PRESENT** Indicate an 'X' if present and score no further.....
- 5. Severe traumatic deviation. (Attach description of condition. For example: loss of a premaxilla segment by burns or by accident, the result of osteomyelitis, or other gross pathology.) Indicate an 'X' if present and score no further.....
- 6A. Overjet greater than 9mm with incompetent lips or mandibular protrusion (reverse overjet) greater than 3.5mm with masticatory and speech difficulties. Indicate an 'X' if present and score no further.....

THE REMAINING CONDITIONS MUST SCORE 26 OR MORE TO QUALIFY

- 6B. Overjet equal to or less than 9 mm.....
- 7. Overbite in mm.....
- 8. Mandibular protrusion (reverse overjet) equal to or less than 3.5 mm..... x 5 =
- 9. Open bite in mm..... x 4 =

IF BOTH ANTERIOR CROWDING AND ECTOPIC ERUPTION ARE PRESENT IN THE ANTERIOR PORTION OF THE SAME ARCH, SCORE ONLY THE MOST SEVERE CONDITION. DO NOT COUNT BOTH CONDITIONS.

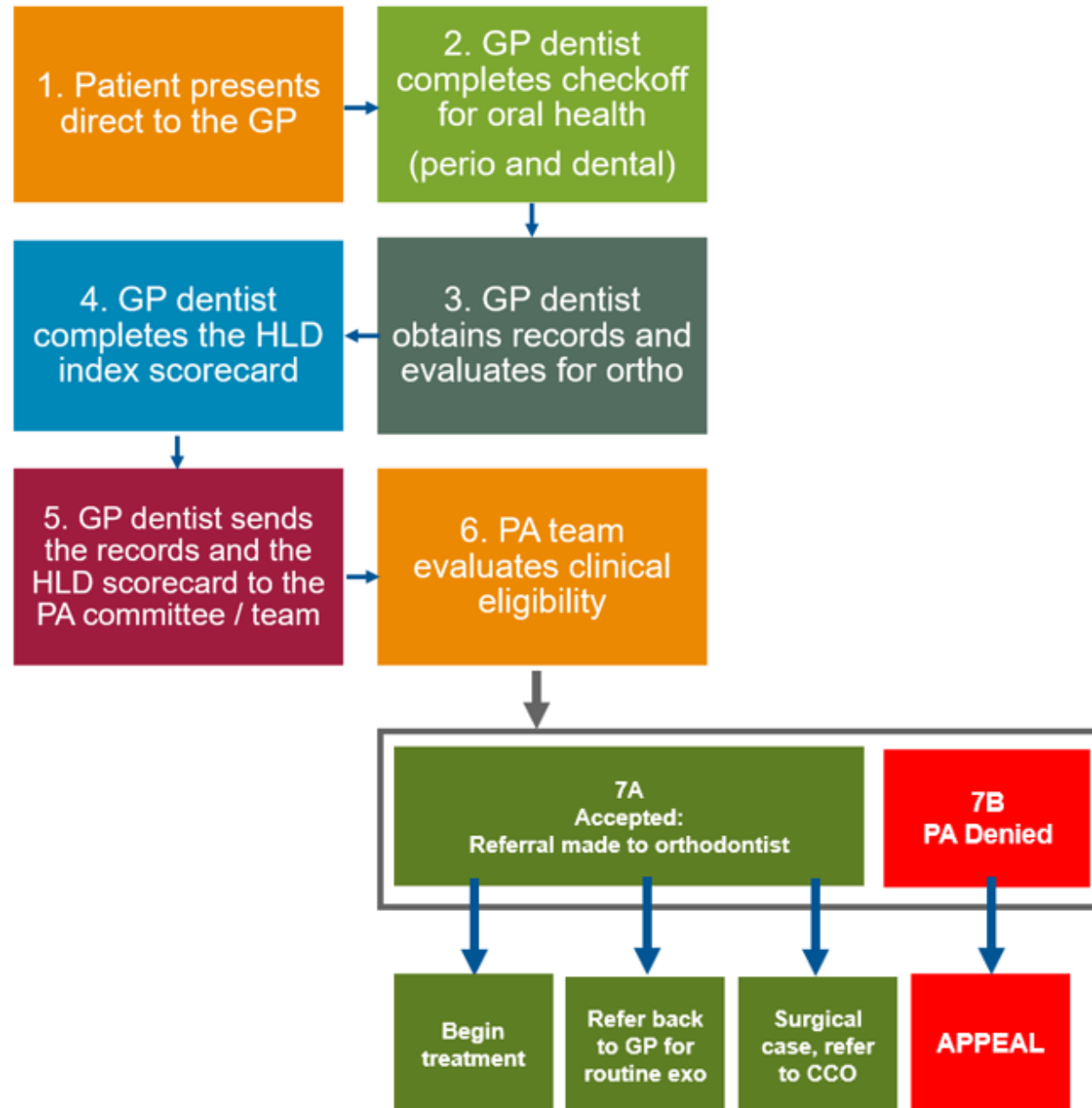
- 10. Ectopic eruption (Identify by tooth number, and count each tooth, excluding third molars)

			x 3 =
tooth numbers	total		
- 11. Anterior crowding (Score one for MAXILLA, and/or one for MANDIBLE)

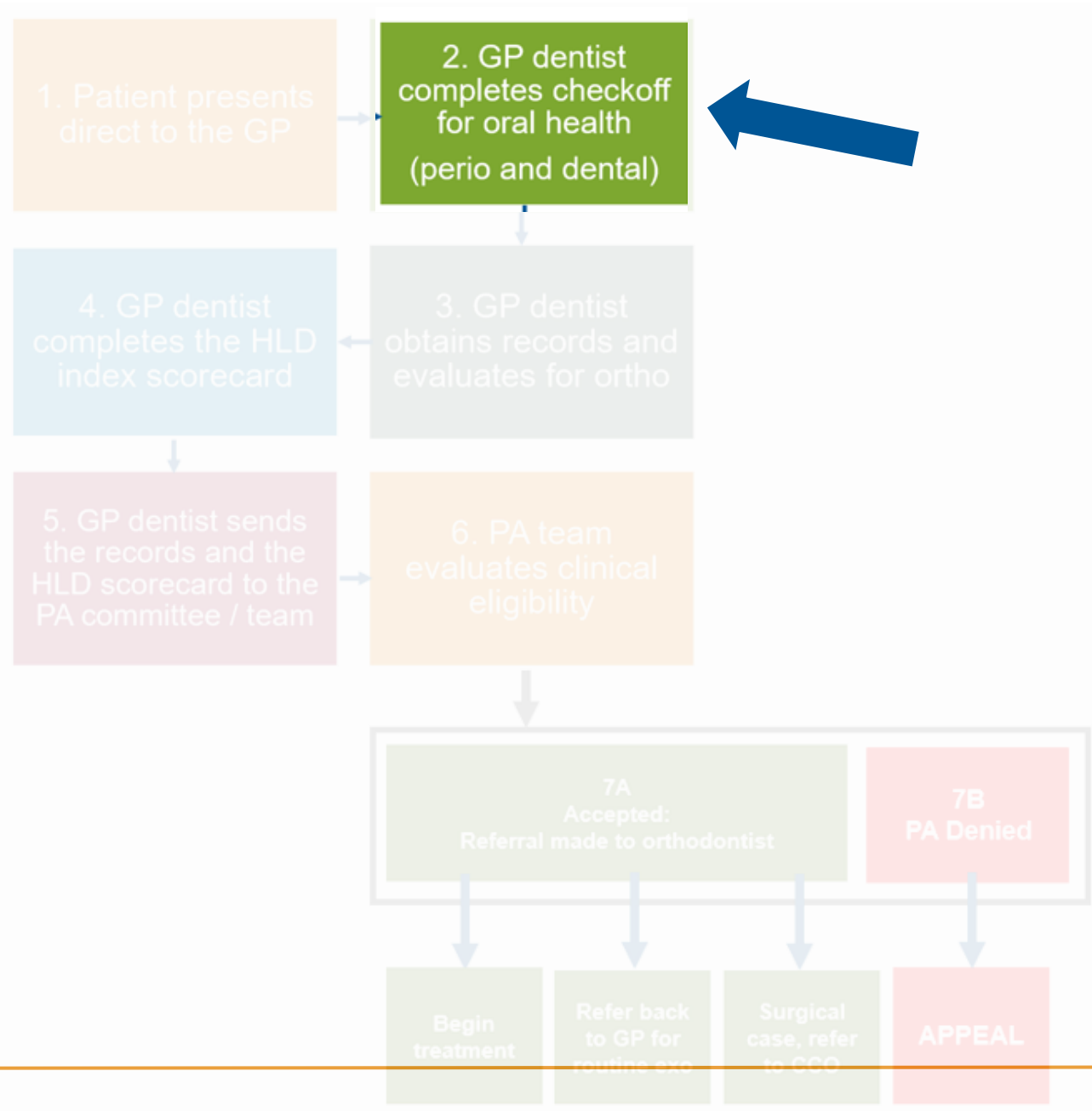
			x 5 =
maxilla	mandible	total	
- 12. Labio-Lingual spread in mm.....
- 13. Posterior unilateral crossbite (must involve two or more adjacent teeth, one of which must be a molar. No score for bi-lateral posterior crossbite).....Score 4

TOTAL SCORE: _____

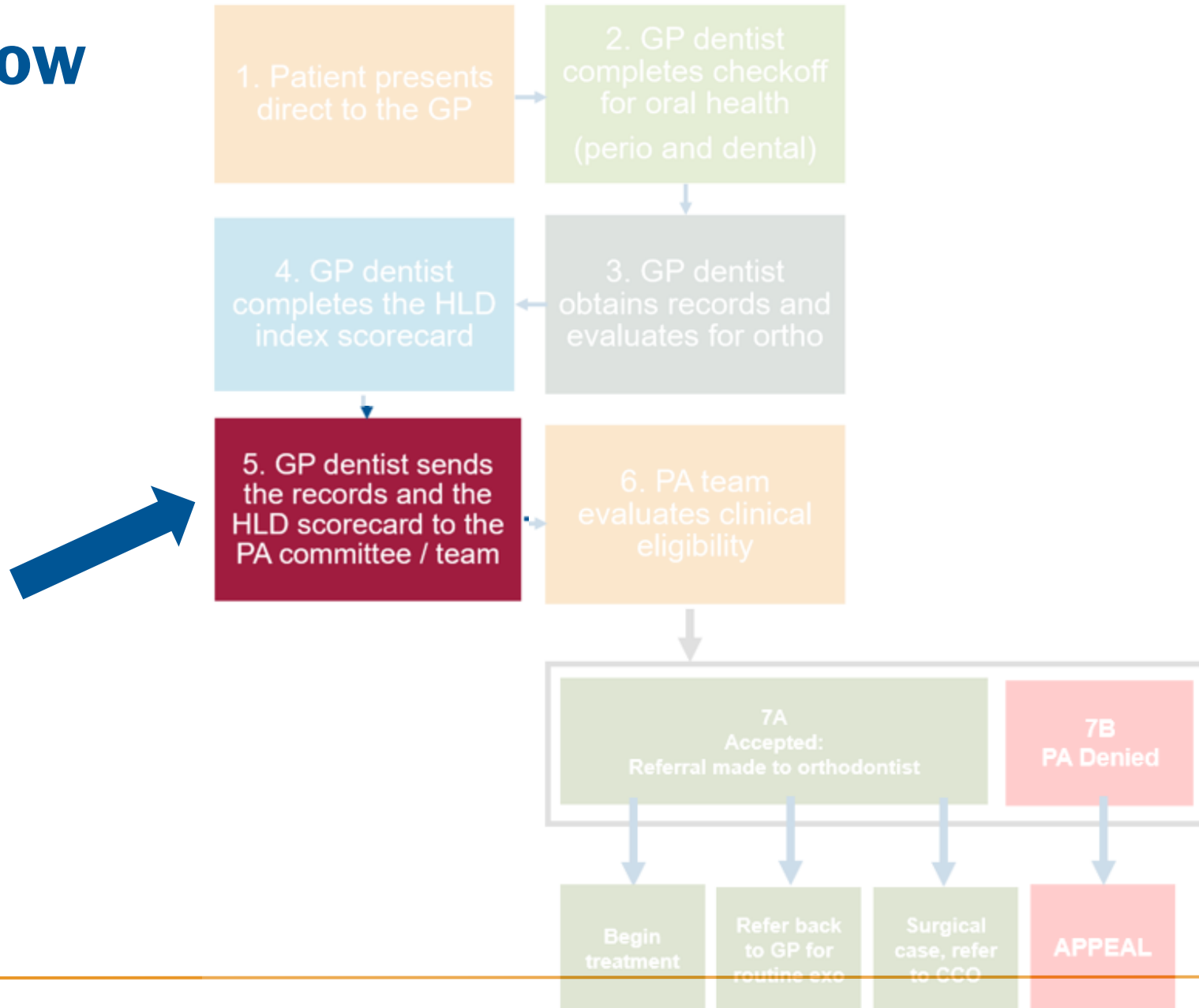
Workflow



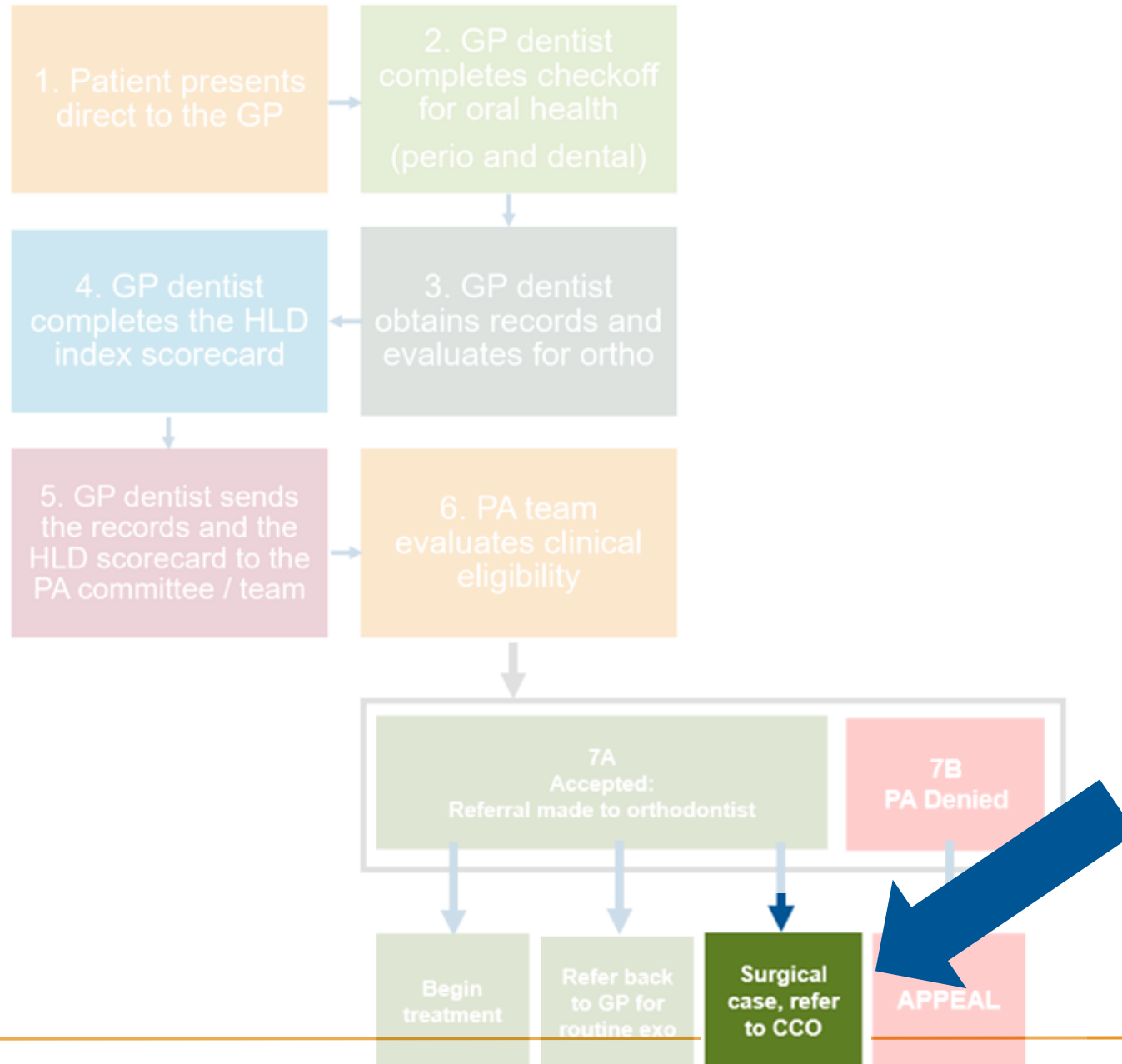
Workflow



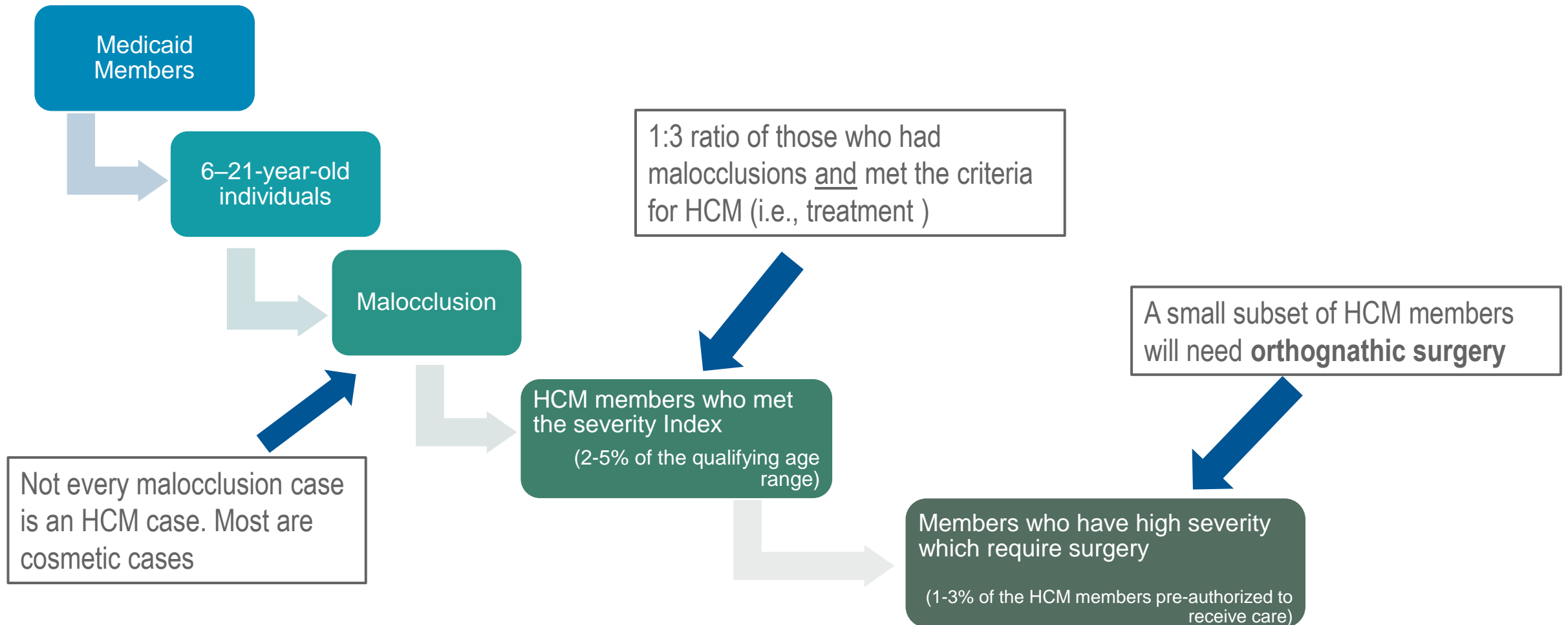
Workflow



Workflow



Surgical Cases



Considerations

- Equity
- Network Adequacy
 - GPs, Ortho, Surgeons, Care Coordination and Admin support
- Forecasting of the current demand
- Accounting for Pent-up demand
- Reimbursement rates
- Care-coordination, especially with the surgical cases
- Pre-Authorization process : calibration, workflow, timeliness of care