



Orthodontia Patient Referral Form

(Codes D8010, D8020, D8030, D8040, D8070, D8080, D8090)

Date \_\_\_\_\_ Valid From \_\_\_\_\_ To \_\_\_\_\_ Referral # \_\_\_\_\_

Patient Name \_\_\_\_\_ Medical ID \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

PCD Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Office Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Please check the box below which best describes the member's condition:

- Member has cleft lip and cleft palate, or cleft palate or cleft lip with alveolar process involvement** – attach supporting documentation from member's primary medical care provider
- Member has craniofacial anomaly resulting in significant malocclusion expected to result in difficulty with mastication, speech, or other oral function**– attach supporting documentation from member's primary medical care provider
- Member has severe malocclusion with a Handicapping Labiolingual Deviation (HLD) Index California Modification score of 26 and higher** – attach completed HLD form

Please complete the following items:

- ICD-10 Diagnosis code: \_\_\_\_\_
- Completed Cavity Clearance form must be included
- I attest that this member has been free and clear of decay and periodontal disease, verified by a dental exam within the prior 6 months. Attach progress notes from most recent exam.  
Date of exam \_\_\_\_\_

**You MUST provide labelled orthodontic study models with bite registration in digital or analog format with this preauthorization request**

PCD Signature \_\_\_\_\_ Date \_\_\_\_\_

<p style="text-align: center;"><b><u>For Use By CDC Staff Only:</u></b></p> <p><b>Referred To:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>City/State:</b> _____</p> <p><b>Zip Code:</b> _____</p>	<p>Primary determination:</p>  <p>EPSDT Review:</p>
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Orthodontist Completes

Orthodontist: \_\_\_\_\_ Location: \_\_\_\_\_ Fax # \_\_\_\_\_

Patient Name: \_\_\_\_\_ Ortho Account #: \_\_\_\_\_ Age \_\_\_\_\_

Notes from Orthodontist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do not treat the following teeth: \_\_\_\_\_

Orthodontist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the General Dentist/Pediatric Dentist

Exam Date: \_\_\_\_\_ GP Account #: \_\_\_\_\_

Perio Stage (circle one): 0 I II III IV

Hygiene (circle one): Poor Good Excellent

Perio Grade (circle one): A B C

Cleaning Date: \_\_\_\_\_

Plaque Present (circle one): Yes No

Type (circle one) Prophy SRP Perio maint

Bleeding/inflammation (circle one): Yes No

Planned Hygiene Interval (months): 6 4 3 Next Hygiene Due/Scheduled Date: \_\_\_\_\_

### Hygiene/ Periodontal Clearance (select one):

- For Pre-Ortho:**
- OK to Start Ortho** – Hygiene/Perio is stable and ortho may begin
  - Delayed** – Hygiene/Perio is not yet stable, ortho may not begin until \_\_\_\_\_
  - NOT CLEARED** – Hygiene/Perio is not stable, **ortho should not begin**

- Ortho in Progress:**
- OK to Continue Ortho** – Hygiene/Perio stable
  - Guarded** – Hygiene/Perio fair/poor - ortho may continue with close monitoring
  - Not Cleared** – Hygiene/Perio poor, please **pause/discontinue ortho**

### Restorative (“Cavity”) Clearance (select one):

- For Pre-Ortho:**
- OK to Start Ortho** – Restorative stable, ortho may begin
  - OK to Start Ortho** – Minor restorative Tx needed - to be completed concurrently with ortho (list below), ortho may begin
  - Delayed** – Restorative Tx needed – ortho may not begin until completed
  - NOT CLEARED** – Caries risk too high, **ortho should not be started**

- Ortho in Progress:**
- OK to Continue Ortho** – Restorative stable
  - Guarded** – Caries risk high, will monitor closely
  - Not Cleared** – Caries risk too high, please **pause/discontinue ortho**

Notes from General Dentist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GP Name: \_\_\_\_\_ Office: \_\_\_\_\_

GP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for the General Dentist:** Please complete all areas and check one applicable box from the Hygiene/Periodontal Clearance section and check one applicable box from the Restorative (“Cavity”) Clearance section. Please also sign and date. Any other information you wish to share can be entered in the Notes from General Dentist area. Please fax to the number in the top right area. Thank you!

ICD-10 Codes Related to Orthodontia

ICD-10 Code	Code Description
M26.02	Maxillary hyperplasia
M26.02	Maxillary hypoplasia
M26.03	Mandibular hyperplasia
M26.04	Mandibular hypoplasia
M26.05	Macrogenia
M26.06	Microgenia
M26.11	Maxillary asymmetry
M26.12	Other jaw asymmetry
M26.19	Other specified anomalies of jaw-cranial base relationship
M26.89	Other dentofacial anomalies
M26.9	Dentofacial anomaly, unspecified
K00.1	Supernumerary teeth
K00.2	Abnormalities of size and form of teeth
K00.5	Hereditary disturbances in tooth structure, not elsewhere classified
K00.6	Disturbances in tooth eruption
K00.9	Disorder of tooth development, unspecified
M26.211	Malocclusion, Angle's class I
M26.212	Malocclusion, Angle's class II
M26.213	Malocclusion, Angle's class III
M26.219	Malocclusion, Angle's class unspecified
M26.220	Open anterior occlusal relationship
M26.221	Open posterior occlusal relationship
M26.23	Excessive horizontal overlap
M26.24	Reverse articulation
M26.25	Anomalies of interarch distance
M26.29	Other anomalies of dental arch relationship
M26.31	Crowding of fully erupted teeth
M26.33	Horizontal displacement of fully erupted tooth or teeth
M26.34	Vertical displacement of fully erupted tooth or teeth
M26.35	Rotation of fully erupted tooth or teeth
M26.36	Insufficient interocclusal distance of fully erupted teeth (ridge)
M26.37	Excessive interocclusal distance of fully erupted teeth
M26.4	Malocclusion, unspecified
M26.70	Unspecified alveolar anomaly
Z46.4	Encounter for fitting and adjustment of orthodontic device

## HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX CALIFORNIA MODIFICATION SCORE SHEET

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

Provider

Patient

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Number: \_\_\_\_\_

Date: \_\_\_\_\_

- Position the patient's teeth in centric occlusion.
- Record all measurements in the order given and round off to the nearest millimeter (mm).
- ENTER SCORE '0' IF THE CONDITION IS ABSENT

**CONDITIONS #1 – #6A ARE AUTOMATIC QUALIFYING CONDITIONS**

HLD Score

- |   |   |
|---|---|
| <p>1. Cleft palate deformity (See scoring instructions for types of acceptable documentation)<br/>Indicate an 'X' if present and score no further.....</p> <p>2. Cranio-facial anomaly (Attach description of condition from a credentialed specialist)<br/>Indicate an 'X' if present and score no further.....</p> <p>3. Deep impinging overbite <b>WHEN LOWER INCISORS ARE DESTROYING THE SOFT TISSUE OF THE PALATE. TISSUE LACERATION AND/OR CLINICAL ATTACHMENT LOSS MUST BE PRESENT.</b><br/>Indicate an 'X' if present and score no further.....</p> <p>4. Crossbite of individual anterior teeth <b>WHEN CLINICAL ATTACHMENT LOSS AND RECESSON OF THE GINGIVAL MARGIN ARE PRESENT</b><br/>Indicate an 'X' if present and score no further.....</p> <p>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.)<br/>Indicate an 'X' if present and score no further.....</p> <p>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.....</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

**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.<br>No score for bi-lateral posterior crossbite) ..... | Score 4 _____ |          |             |

AUTHORIZATION OF SERVICES IS BASED ON MEDICAL NECESSITY. IF A PATIENT DOES NOT HAVE ONE OF THE SIX AUTOMATIC QUALIFYING CONDITIONS OR DOES NOT SCORE 26 OR ABOVE, THE PATIENT MAY STILL BE ELIGIBLE FOR THESE SERVICES BASED ON EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) CRITERIA NECESSARY TO CORRECT OR AMELIORATE THE PATIENT'S CONDITION. FOR A FURTHER EXPLANATION OF EPSDT CRITERIA, PLEASE SEE THE ORTHODONTICS SECTION OF THE CALIFORNIA MEDICAL DENTAL PROGRAM PROVIDER HANDBOOK.

## HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX CALIFORNIA MODIFICATION SCORING INSTRUCTIONS

The intent of the HLD index is to measure the presence or absence, and the degree, of the handicap caused by the components of the Index, and not to diagnose 'malocclusion.' All measurements are made with a Boley Gauge (or a disposable ruler) scaled in millimeters. Absence of any conditions must be recorded by entering '0.' (Refer to the attached score sheet.)

The following information should help clarify the categories on the HLD Index:

1. **Cleft Palate Deformity:** Acceptable documentation must include at least one of the following: 1) diagnostic casts; 2) intraoral photograph of the palate; 3) written consultation report by a qualified specialist or Craniofacial Panel) Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)
2. **Cranio-facial Anomaly:** (Attach description of condition from a credentialed specialist) Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)
3. **Deep Impinging Overbite:** Indicate an 'X' on the score sheet when lower incisors are destroying the soft tissue of the palate and tissue laceration and/or clinical attachment loss are present. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
4. **Crossbite of Individual Anterior Teeth:** Indicate an 'X' on the score sheet when clinical attachment loss and recession of the gingival margin are present. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
5. **Severe Traumatic Deviation:** Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Indicate an 'X' on the score sheet and attach documentation and description of condition. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
- 6A **Overjet greater than 9mm with incompetent lips or mandibular protrusion (reverse overjet) greater than 3.5mm with masticatory and speech difficulties:** 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 with incompetent lips or mandibular protrusion (reverse overjet) is greater than 3.5mm with masticatory and speech difficulties, indicate an 'X' and score no further. (This condition is automatically considered to be a handicapping malocclusion without further scoring. Photographs shall be submitted for this automatic exception.)
- 6B **Overjet equal to or less than 9mm:** Overjet is recorded as in condition #6A above. The measurement is rounded off to the nearest millimeter and entered on the score sheet.
7. **Overbite in Millimeters:** A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entered on the score sheet. ('Reverse' overbite may exist in certain conditions and should be measured and recorded.)
8. **Mandibular Protrusion (reverse overjet) equal to or less than 3.5mm:** Mandibular protrusion (reverse overjet) is recorded as in condition #6A above. The measurement is rounded off to the nearest millimeter. Enter on the score sheet and multiply 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 incisal edge of a maxillary central incisor to incisal edge of a corresponding mandibular incisor, in millimeters. The measurement is entered on the score sheet and multiplied by four (4). In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.
10. **Ectopic Eruption:** Count each tooth, excluding third molars. Each qualifying tooth must be more the 50% blocked out of the arch. Count only one tooth when there are mutually blocked out teeth. Enter the number of qualifying teeth on the score sheet and multiply by three (3). If anterior crowding (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. **Anterior Crowding:** Arch length insufficiency must exceed 3.5mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Score one (1) for a crowded maxillary arch and/or one (1) for a crowded mandibular arch. Enter total on the score sheet and multiply by five (5). If ectopic eruption (condition #10) 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.
12. **Labio-Lingual Spread:** A Boley Gauge (or a 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 labio-lingual spread, but only the most severe individual measurement should be entered on the score sheet.
13. **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 sheet. **NO SCORE FOR BI-LATERAL CROSSBITE.**