



Provider Bulletin

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THIS ISSUE

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TRAINING SEMINARS

To reserve a spot online or to view a complete list of training seminars, to go the [Provider Training Seminar Schedule](#).

Gardena: Basic & EDI/D764
March 6, 2019 | 12:30pm - 4:30pm
Webinar: Basic & EDI/D766
March 14, 2019 | 8:00am - 12:00pm

Port Hueneme: Basic & EDI/D767
March 19, 2019 | 8:00am - 12:00pm

Port Hueneme: Advanced/D768
March 20, 2019 | 8:00am - 12:00pm

Webinar: Basic & EDI/D769
March 26, 2019 | 8:00am - 12:00pm

PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go [here](#) for more information.

Available every Wednesday
8am - 4pm

Early and Periodic Screening, Diagnosis, and Treatment Services

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are the current Medi-Cal Dental Program’s scope of benefits for members under the age of 21. For the Medi-Cal Dental Program, this means medically necessary dental services provided for any Medi-Cal member who has not yet reached their 21st birthday are EPSDT services. In addition, EPSDT allows Medi-Cal enrolled children under age 21 to get services that are medically necessary to correct and ameliorate health conditions.

EPSDT was originally defined by federal law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) and includes dental services. In addition, Section 1905(4) (5) of the Social Security Act now requires that any of the medically necessary health care services listed in Section 1905(a) be provided to an EPSDT member even if the service is not covered by a state’s Medicaid plan to the rest of the Medicaid population.

Providers should inform Medi-Cal members under age 21 about EPSDT benefits and services and how to access them through written and oral information. Providers should tell eligible patients and their families about all of the following:

- Services available under EPSDT and where and how to obtain those services.
- EPSDT services provided under Medi-Cal are free to eligible individuals up to age 21.
- Necessary transportation and scheduling assistance is available upon request.

Providers should reference state guidance letters and the Medi-Cal Dental Provider Handbook for more information about coverage and billing policy guidance regarding covered benefits and services, including EPSDT.

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Medi-Cal members under age 21 may require dental services that are not part of the current Medi-Cal Dental Program scope of benefits. Conversely, the dental service may be part of the Medi-Cal Dental Program scope of benefits for adult members but not for members under the age of 21, or the dental provider may want to provide the service at a frequency or periodicity greater than currently allowed by the Medi-Cal Dental Program. In these cases, the child member may still be eligible for these services based upon submitted documentation that demonstrates the medical necessity to correct or ameliorate the child's condition. In the following scenarios, providers must submit a Treatment Authorization Request (TAR) for the requested service:

- To perform a medically necessary dental procedure that is not listed in the current Manual of Criteria
- To perform a medically necessary dental procedure that is listed in the current Manual of Criteria when the member under the age of 21 does not meet the published criteria
- To perform a medically necessary dental procedure when the member under the age of 21 needs a dental service more frequently than is currently allowed under Program criteria

If the requested dental service is not listed within the Manual of Criteria, providers should use the appropriate unspecified CDT procedure code and fully describe the service. Providers should not limit their comments to Field 34 of the TAR/Claim form but submit all documents that are needed to describe and support the medical necessity for the requested service(s).

Should a member under the age of 21 not meet the published criteria, or need a service more frequently than what is currently allowed under the Manual of Criteria, providers should fully document the medical necessity to demonstrate it will correct or ameliorate the member's condition.

The provider is required to submit all documentation required for the procedure per the Manual of Criteria and the clinical information required to determine medical necessity under EPSDT guidelines.

The Medi-Cal Dental Program needs the information below to determine if a requested service would correct or ameliorate the member's condition. At a minimum, documentation should address the following:

- Diagnosis of the dental condition
- Any overall health issues and medical conditions
- Prognosis with and without the requested treatment
- Clinical rationale for why a covered benefit or a lower-cost service will not suffice.

Documentation can be narrative, radiographic, photographic, diagnostic imaging, or copies of any relevant documents, including other health care professional's assessment of the patient. **Please note:** when using the Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet (DC-016), make sure to use forms with the 9/18 revision date. The latest DC-016 HLD form can be found on the Medi-Cal Dental website at https://www.denti-cal.ca.gov/DC_documents/providers/DC016.pdf. A sample of the form can also be found below or in [Provider Handbook Section 6 - Forms](#).

For more information about EPSDT services, including Frequently Asked Questions and examples, please see the [Provider Handbook](#). Frequently Asked Questions can also be found on the Medi-Cal Dental website at https://www.denti-cal.ca.gov/Dental_Providers/Denti-Cal/EPSDT_Services/. Please call the Telephone Service Center at (800) 423-0507 for any other questions or to obtain more information regarding EPSDT services.

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**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 Name: _____ Patient 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

- | | | |
|--|-------|-------|
| 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 RECESSON 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 _____ | |

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.

DC016 (R 09/18)

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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 dose 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.**