

Policy and Procedure			
Policy Name:	California Children's Services (CCS) Eligibility	Policy ID:	CL.005.01
Approved By:	Dental Director (signature on file)	Effective Date:	1/1/2013
States:	California	Revision Date:	N/A
Application:	California Government Programs		

This policy applies for operations under Premier Access Insurance Company and Access Dental Plan. For the purposes of this Policy, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as "Premier Access".

Purpose

The Purpose of the policy is to identify and refer members with suspected California Children's Services (CCS) eligible medical conditions to the local CCS program office for determination of eligibility by the CCS program.

Policy

Premier Access' contracted dental providers have a critical role in identification of care management needs, including conditions that may qualify under the California Children's Services (CCS), and ensuring that appropriate recommendations and/or referrals are made related to possible covered services.

Procedures

1. **Premier Access** Dental Plan providers shall be responsible to perform a baseline assessment to early identify children with suspected CCS medical conditions.
2. If a dentist suspects a child has medically handicapping malocclusion or one of the other CCS eligible medical conditions listed below, the dentist must complete a CCS Orthodontic Screening Form. Only those cases suspected to meeting the requirements will be considered for referral. In addition, the dentist must specify the suspected CCS medical condition. It is very important that the dentist ensure the patient's information is complete.
3. The CCS Orthodontic Screening Form needs to be mailed to **Premier Access**, and not forwarded directly to the local CCS office. The screening form should be mailed to the following address:
 - **Premier Access/Access** Dental Plan Referral Department- CCS
P.O. Box 659005 Sacramento, CA 95865-9005
4. Upon receiving the form from the provider, **Premier Access** will then refer the member to the local CCS program for determination of eligibility. For additional information, the provider may contact the **Premier Access** Plan Liaison at: 916) 563-6012 or 1-800-270-6743, ext. 6012
5. Upon referral, **Premier Access** shall provide the applicant on behalf of the member with a CCS one page (double-sided) informational flyer obtained form the State agency.
6. **Premier Access** shall ensure continuity of care between the CCS providers and the referring Dentist.

7. **Premier Access** shall report to the applicable state agency, any subscriber who was referred to the local CCS Program, and report all subscribers who received services from CCS in the previous benefit year. The report shall include information about the referrals that were accepted, denied and pending with the local CCS Program. The report is due by October 31 of each year. The format of the report will be determined by the State.
8. For the purposes of the California Healthy Families Program, **Premier Access** shall enter into a memorandum of understanding agreement (MOU) with each local CCS Program in the contractor's area in accordance with the program requirements. The Program shall provide a MOU template to **Premier Access**.
 - **Premier Access** shall consult and coordinate CCS referral activities with the local CCS Program in accordance with the required MOU between **Premier Access** and the local CCS Program.
9. Until eligibility for the CCS Program is established by the local CCS Program, and to the extent that otherwise-covered services are not provided by the CCS Program once eligibility is established, **Premier Access** shall be responsible for the delivery of all covered medically necessary health care and case management services for a subscriber referred to CCS. Once eligibility to CCS is established by the CCS Program for a subscriber:
10. **Premier Access** shall continue to provide covered primary care and all other medically necessary covered services other than those provided through the CCS Program for the CCS eligible condition.
11. **Premier Access** shall ensure the coordination of services between its primary care providers, the CCS specialty providers and the local CCS Program.
12. The CCS Program shall authorize and pay for the delivery of medically necessary health care services to treat a subscriber's eligible condition. The CCS authorization, on determination of medical eligibility, shall be to CCS paneled providers and approved facilities, some of which may also be members of **Premier Access**' network. Authorization normally cannot predate the initial referral to the local CCS Program in accordance with Title 22, CCR, and Section 42180. Claims for authorized services shall be submitted to the appropriate CCS office for approval of payment.
13. Initial referral means referral by **Premier Access**' network provider, or by other entity possible under CCS regulations.

CCS ELIGIBILITY FOR DENTAL SERVICES:

Orthodontic services are not a benefit through the California Healthy Families or Healthy Kids Programs. However if a patient meets eligibility requirements, orthodontic services may be provided by California Children Services (CCS).

CCS clients eligible for dental services through the CCS program include those who have been accepted for and are authorized to receive orthodontic services by a CCS-paneled orthodontist, as well as other clients with CCS-eligible conditions, such as:

- Medically Handicapping Malocclusion (any of the following conditions)
 - Deep impinging overbite
 - Crossbite of individual anterior teeth when destruction of soft tissue is present
 - Severe traumatic deviations (for example, loss of premaxilla segment by burns or accident, the result of osteomyelitis; or other gross pathology.)
 - Overjet of greater than 9 mm
 - Mandibular protrusion greater than 3.5 mm
 - Suspected need for orthognatic surgery
- Combinations of the following conditions that appear to be medically handicapping:
 - Overjet
 - Overbite
 - Mandibular protrusion
 - Openbite
 - Ectopic eruption (excluding 3rd molars)

- Anterior crowding
- Posterior crossbite
- Cleft lip and/or palate (hard or soft)
- Congenital and/or acquired oral and craniofacial anomalies
- Complex congenital heart disease
- Seizure disorders
- Immune deficiencies
- Cerebral palsy
- Hemophilia and other blood dyscrasia
- Malignant neoplasms, including leukemia
- Rheumatoid arthritis
- Nephrosis
- Cystic fibrosis
- Organ transplants

References

This policy was previously tracked as *Quality Management Program Policy and Procedure QM-37 – CCS Eligibility*

See also related policies:

Policy CL.004.01, Review Criteria for Specialist Referrals

Policy CL.008.01, Care Coordination and Case Management

Revision History

Date:	Description
01/01/2013	Converted to new template and naming convention.

**EXHIBIT A
CCS Eligibility**

Handicapping Labio-Lingual deviation (HLD) Index California Modification Score Sheet

Healthy Families Program Orthodontic Pre-screening Form

HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX CALIFORNIA MODIFICATION SCORE SHEET
(You will need this score sheet and a Boley Gauge or a disposable ruler)

Patient	Primary Care Provider
Name: _____	Name: _____
CIN #: _____	Date: _____

- **Member must be in permanent dentition unless age 13 and older**
- 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.

<u>CONDITIONS #1 – #6A ARE AUTOMATIC QUALIFYING CONDITIONS</u>	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 <u>WHEN LOWER INCISORS ARE DESTROYING THE SOFT TISSUE OF THE PALATE, TISSUE LACERATION AND/OR CLINICAL ATTACHMENT LOSS MUST BE PRESENT.</u> Indicate an 'X' if present and score no further.....	_____
4. Crossbite of individual anterior teeth <u>WHEN CLINICAL ATTACHMENT LOSS AND RECESSON OF THE GINGIVAL MARGIN ARE PRESENT.</u> Indicate an 'X' if present and score no further.....	_____
5. Severe traumatic deviation. (Attach description of condition. For example: <u>loss of a premaxilla segment by burns or by accident, the result of osteomyelitis, or other gross pathology.</u>) Indicate an 'X' if present and score no further	_____
6A. Overjet greater than 9mm or mandibular protrusion (reverse overjet) greater than 3.5mm. 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: _____

IF A PATIENT DOES NOT SCORE 26 OR ABOVE NOR MEETS ONE OF THE SIX AUTOMATIC QUALIFYING CONDITIONS, HE/SHE MAY BE ELIGIBLE UNDER THE EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT – SUPPLEMENTAL SERVICES (EPSDT–SS) EXCEPTION IF MEDICAL NECESSITY IS DOCUMENTED.

EPSDT–SS EXCEPTION: (Indicate with an ‘X’ and attach medical evidence and appropriate documentation for each of the following eight areas on a separate piece of paper IN ADDITION TO COMPLETING THE HLD SCORE SHEET ABOVE.)

- a) Principal diagnosis and significant associated diagnosis; and
- b) Prognosis; and
- c) Date of onset of the illness or condition and etiology if known; and
- d) Clinical significance or functional impairment caused by the illness or condition; and
- e) Specific types of services to be rendered by each discipline associated with the total treatment plan; and
- f) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals; and
- g) The extent to which health care services have been previously provided to address the illness or condition, and results demonstrated by prior care; and
- h) Any other documentation which may assist the Department in making the required determinations.

DO NOT WRITE IN THIS AREA.

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 or mandibular protrusion (reverse overjet) greater than 3.5mm:** 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, indicate an 'X' and score no further. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)

- 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.**