HEALTH CARE AUTHORITY

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Letter of Direction #78

Date: **September 9, 2026**

To: **Turquoise Care Managed Care Organizations**

From: **Alanna Dancis, Acting Director, Medical Assistance Division**

Subject: **State of New Mexico Handicapping Labio-Lingual Deviation (NM HLD) Index Report Form- MAD 908**

Title: **Implementation of the MAD 908 Form**

This Letter of Direction (LOD) is issued to Turquoise Care Managed Care Organizations (MCOs) to implement a newly created MAD form required for all orthodontic services.

Background

The Medical Assistance Division (MAD)/Program and Policy Bureau (PPB) is implementing a standardized HLD index report form that the MCOs and dental providers must use to promote consistency in documentation, ensure uniform reporting practices, and align prior authorization submissions with current medical necessity criteria for orthodontic treatment. To support these objectives, MAD has developed a standardized form, the MAD 908-State of New Mexico Handicapping Labio-Lingual Deviation (HLD) Index Report Form. This change impacts both Fee for Service (FFS) and recipients enrolled with a Managed Care Organization (MCO).

Process Implementation and Timeline

Effective October 1, 2026, prior authorizations for comprehensive orthodontic treatment for eligible recipients must be submitted with the MAD 908 form. For purposes of this requirement, an eligible recipient must be under 21 years old with a demonstrated medical necessity as described in New Mexico Administrative Code (NMAC) 8.310.2.14. Submissions after this date that do not include the MAD 908 must be resubmitted by the provider.

To ensure compliance HCA directs all MCOs to disseminate the MAD 908, and expectations for use, to their providers and subcontractor(s) by no later than September 21, 2026.

MCOs must actively oversee and monitor their dental major subcontractor to ensure compliance with this requirement, including requiring subcontractors to obtain and use the current version of the form when requesting resubmissions from providers.

This LOD will be sunset with the incorporation into the Managed Care Policy Manual.

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State of New Mexico
Handicapping Labio-Lingual Deviation (HLD) Index Report Form

Additional documentation submitted with form:
(Mark all that apply)

☐ Diagnostic images of casts or digital study models
☐ Cephalometric Films or Orthocad
☐ Full mouth or Panoramic X-rays
☐ Diagnostic Photos
☐ Orthodontic screening form

Procedure:

1. Complete this HLD form using a Boley Gauge or disposable ruler.
2. Occlude patient or models in centric position.
3. Record all measurements in the order given and round off to the nearest millimeter.
4. ENTER SCORE "0" IF CONDITION IS ABSENT.
5. Is early mixed dentition present? *(12 or fewer permanent teeth)* Yes☐ No☐
   ***If cleft/craniofacial case,* answer *'NO'*
6. The use of a recorder (hygienist, assistant) is recommended.

PRINT:
Patient's Name: _____ Examiner: _____
Recorder: _____
NM Medicaid Member ID _____Date of Birth_____ Age Under 21:☐

CONDITIONS OBSERVED: Handicapping malocclusions for the purposes of determining eligibility means the presence of at least one of the following auto-qualifiers:

AUTOMATIC QUALIFYING CONDITIONS: Check Yes or No
If any qualifying conditions are present in Items 1-5, continue to the Diagnosis and Certification section.

Automatic Qualifying Conditions		Present?
1)	Cleft palate deformities and other significant craniofacial anomalies	YES ☐ NO ☐
2)	Deep Impinging Overbite - When lower incisors are touching the soft tissue or clinical attachment loss is present. This does not include occasional biting of the cheek.	YES ☐ NO ☐
3)	Crossbite of individual anterior teeth in contact with soft tissue or the presence of more than two teeth in crossbite or clinical attachment loss is present.	YES ☐ NO ☐
4)	Impacted permanent cuspids or permanent incisors that will not erupt into the arches without orthodontic or surgical intervention. This does not include cases where cuspids or incisors will erupt ectopically.	YES ☐ NO ☐

5)	Overjet in excess of 7 mm (measure most affected tooth).	YES ☐ NO ☐

CONTINUE TO HLD SCORING BELOW IF THERE ARE NO QUALIFYING CONDITIONS CHECKED ABOVE: Conditions in this section must total 26 or more to qualify for treatment. See pages 3-4 for scoring instructions. Enter score of "0" if the condition is absent.

HLD Scoring	Multiplier	Score
6) Trauma- History of significant trauma, injury, or pathology with resulted structural Handicapping malocclusion. Score 15 points if history is present.		
7) Overjet in mm- see instructions on page 3	x 1	
8) Overbite in mm-see instruction on page 3	x 1	
9) Mandibular Protrusion- Measure from the labial of the lower incisor to the labial of the upper incisor in mm and multiply by 5. *(DO NOT score mandibular protrusion and overjet on the same patient)*	x 5	
10) Anterior Open Bite- Measure the opening between maxillary and mandibular incisors in mm and multiply by 4.	x 4	
11) Anterior crowding: see instructions on page 4 Maxilla: ☐ Mandible: ☐	x 5 each	
12) Ectopic Eruption *(per tooth)*-Score 3 points for each tooth with an unusual pattern of eruption *(except third molars)*. Includes any teeth erupting outside of the normal arch line, such as high labial cuspids. If anterior crowding is present with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition. DO NOT SCORE BOTH CONDITIONS. Posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch. **Multiply # of qualifying teeth by 3.**	x 3	
13) Labio-Lingual Spread, in mm- for directions on this measurement see instructions on page 4.	x 1	
14) Posterior Unilateral Crossbite - Score 4 points if condition is present		
A score of 26 and over constitutes a PHYSICAL HANDICAP **Total HLD Score**		0

Diagnosis:_____

I certify that I am the furnishing provider and that all of the information and documentation submitted is true, accurate and complete to the best of my knowledge.

Orthodontic Provider's Signature: _____ Date: _____

NM Medicaid Provider ID_____ NPI_____

Examiner's Address:

_____

Street City/County State Zip Code

HLD Index Scoring Instructions

The intent of the Handicapping Labio-Lingual Deviation (HLD) Index is to measure the presence or absence of 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 attached score sheet).

At the top the first page, indicate the additional documents submitted with the HLD index. Mark an "X" for all that apply.

The following information is provided to help clarify the categories on the HLD Index Report:

Cleft Palate Deformities and other significant craniofacial anomalies: Indicate a "Yes" or "No" on the score sheet and do not score any further if present. The condition is considered to be a handicapping malocclusion. Documentation must include photographs and a written report from a qualified specialist(s) treating the deformity/anomaly.

Deep Impinging Overbite: When lower incisors are touching the soft tissue or resultant recession (at least 1.5 mm) of the gingival margin. This does not include occasional biting of the cheek. Indicate a "Yes" or "No" on the score sheet and do not score any further if present.

Crossbite of Individual Anterior Teeth: When individual anterior teeth are in contact with soft tissue or the presence of more than two teeth in crossbite or resultant recession (at least 1.5 mm) of the gingival margin. Indicate a "Yes" or "No" on the score sheet and do not score any further if present.

Impacted Permanent Anterior Teeth: Impacted permanent cuspids or permanent incisors that will not erupt into the arches without orthodontic or surgical intervention. This does not include cases where cuspids or incisors will erupt ectopically. Indicate a "Yes" or "No" on the score sheet and do not score any further if present.

Overjet in Millimeters: This is recorded with the patient's teeth in centric occlusion and measured from the labial portion of the lower incisors to the labial of the upper incisor. The measurement may apply to a protruding single tooth as well as to the whole arch. Overjet in excess of 7 mm (measure most affected tooth.) Indicate a "Yes" or "No" on the score sheet and do not score any further if present.

Trauma: Traumatic deviations include loss of a premaxilla segment by burns or by accident, the result of osteomyelitis or other gross pathology with resulted structural Handicapping malocclusion. Include a written report and photographs. Score 15.

Overjet in mm: This is recorded with the patient's teeth in centric occlusion and measured from the labial portion of the lower incisors to the labial of the upper incisors. The measurement may apply to a protruding single tooth as well as to the whole arch. Round this measurement to the nearest millimeter and enter on the score sheet.

Overbite in mm: A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. Round off to the nearest millimeter and enter on score sheet. "Reverse" overbite may exist in certain conditions and should be measured and recorded.

Mandibular Protrusion: Measure from the labial of the lower incisor to the labial

of the upper incisor in mm and multiply by 5. *(DO NOT score mandibular protrusion and overjet on the same patient)*

Anterior Open Bite: This condition is defined as the absence of incisal contact in the anterior region. It is measured from edge to edge in millimeters. Enter the measurement on the score sheet and multiply by 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.

Anterior Crowding: Score 5 points for each arch where arch length insufficiency exceeds 3.5 mm. If ectopic eruption is also present in the anterior portion of the mouth, score the most severe condition. DO NOT SCORE BOTH CONDITIONS. Posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

Ectopic Eruption: *(per tooth)*-Score 3 points for each tooth with an unusual pattern of eruption *(except third molars).* Includes any teeth erupting outside of the normal arch line, such as high labial cuspids. If anterior crowding is present with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition. DO NOT SCORE BOTH CONDITIONS. Posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch. **Multiply # of qualifying teeth by 3.**

Labio-Lingual Spread: Use a Boley Gauge or a disposable ruler 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 anterior tooth is measured. The labio-lingual spread probably comes close to a measurement of overall deviation from what would have been a normal arch. 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 index.

Posterior Unilateral Crossbite: This condition involves specifically two or more adjacent teeth, one of which must be a molar in a unilateral crossbite. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of 4 on the score sheet.

The following indicators may be considered in the determination of medical necessity:

- A medical condition and/or nutritional deficiency with medical physiological impact, that is documented in the physician progress notes that predate the diagnosis and request for orthodontics. The condition must be non-responsive to medical treatment without orthodontic treatment.
- The presence of a speech pathology that is documented in speech therapy progress notes that predate diagnosis and request for orthodontics. The condition must be non-responsive to speech therapy without orthodontic treatment.

Anecdotal information is insufficient to document the presence of a handicapping malocclusion. Statements that are not supported by professional progress notes indicating the patient has difficulty with eating, chewing, or speaking represent anecdotal information. These conditions may be caused by other medical conditions in addition to the misalignment of the teeth.