

Exhibit P – Orthodontic Criteria – Handicapping Lingual-Labial Deviation (HLD Index)

To ensure consistent and equitable determination of coverage for orthodontic dental services some Plans, or states require the use of the Handicapping Lingual Labial Deviation (HLD) Index to be considered when making prior authorization decisions. Total qualifying Index scores may vary by State or Plan requirement.

DentaQuest shall deny any orthodontic prior authorization requests when the submitted documentation demonstrates potential compromised outcomes as evidenced by active carious lesions, acute gingivitis, acute periodontitis, poor oral hygiene, or other unresolved dental factors that could result in poor orthodontic case success. Compliance with oral hygiene, dental treatment plans, and appointment attendance are paramount to achieving a favorable outcome.

- A. As required by some State regulation or Plan contracts, DentaQuest utilizes the Handicapping Lingual Labial Deviation Index for assessing orthodontic benefit requests. The documentation required for these requests include a completed ADA claim form, an occludable set of trimmed study models, and a treatment plan. Requests may be submitted with cast plaster study models or electronically. All submitted study models must be intact and free from damage to ensure appropriate decision-making. Non-diagnostic or defective models may result in a denied benefit decision.
- B. All orthodontic services require prior authorization by one of DentaQuest's Dental Consultants. Orthodontic services are only considered for those recipients with permanent dentitions. The recipient presents with a fully erupted set of permanent teeth. At least $\frac{1}{2}$ to $\frac{3}{4}$ of the clinical crown is exposed unless the tooth is impacted or congenitally missing. (Cleft palate cases and unusual oral-facial anomalies may receive special consideration for treatment during the transitional dentition).
- C. Treatment does not begin prior to receiving notification from DentaQuest indicating coverage or non-coverage for the proposed treatment plan. Dentists who begin treatment before receiving their approved (or denied) prior authorization are financially obligated to complete treatment at no charge to the patient; or face termination of their Provider Agreement.