

Resolution No.	20	New <input checked="" type="checkbox"/>	Substitute <input type="checkbox"/>	Amendment <input type="checkbox"/>
Submitted By:	Ninth District Dental Association			
Date Submitted:	May 4, 2026	Reference Committee <input checked="" type="checkbox"/>	Direct to House <input type="checkbox"/>	
Total Financial Implication:	\$-			
Amount One-time	N/A	Amount On-going	\$0	

Revision of the New York State Department of Health HLD Index to Recognize Additional Orthodontic Conditions Demonstrating Medical Necessity

1 **Background Statement:** Whereas, the Handicapping Labio-Lingual Deviation
 2 (HLD) Index used by the New York State Department of Health is an important
 3 tool for determining Medicaid eligibility for medically necessary orthodontic
 4 treatment; and

5 Whereas, the current HLD Index captures many severe malocclusions but does not
 6 adequately account for certain clinically significant conditions that may cause
 7 substantial functional, developmental, periodontal, or long-term oral health
 8 consequences while failing to meet current scoring thresholds; and

9 Whereas, as a result, children with legitimate orthodontic treatment needs may be
 10 denied access to medically necessary care despite objective clinical findings
 11 requiring intervention; and

12 Whereas, the proposal identifies clinically significant conditions that may not be fully
 13 represented within the current scoring methodology, including impacted posterior
 14 teeth, supernumerary teeth, congenitally missing teeth or hypodontia, anterior
 15 crossbites less than 3.5 mm with functional or periodontal consequences, posterior
 16 crossbites associated with functional shifts or skeletal asymmetry risk, and severe
 17 crowding causing oral health or functional problems despite not reaching the
 18 current point criteria; and

19 Whereas, timely orthodontic intervention in such cases may prevent worsening
 20 skeletal discrepancies, periodontal damage, tooth loss risk, and the need for more
 21 invasive or complex future treatment; and

22 Whereas, recognition of these conditions through an appropriate review pathway
 23 may also reduce future oral surgery costs, restorative treatment needs, periodontal
 24 complications, and long-term Medicaid expenditures while promoting greater equity
 25 in coverage decisions; therefore be it

26 **20. Resolved**, that the New York State Dental Association urge the New York
27 State Department of Health to revise the Handicapping Labio-Lingual
28 Deviation (HLD) Index to include a Special Considerations category or
29 comparable mechanism for review of clinically significant orthodontic
30 conditions not adequately captured by the current numerical scoring
31 methodology; and be it further

32 **Resolved**, that the New York State Dental Association urge the New York
33 State Department of Health to recognize that medically necessary orthodontic
34 treatment may be warranted in cases involving impacted posterior teeth,
35 supernumerary teeth, congenitally missing teeth or hypodontia, anterior
36 crossbites less than 3.5 mm with documented functional or periodontal
37 consequences, posterior crossbites associated with functional shifts or
38 skeletal asymmetry risk, and severe crowding producing oral health or
39 functional impairment, even when such cases do not satisfy existing HLD
40 point thresholds; and be it further

41 **Resolved**, that the New York State Dental Association urge the New York
42 State Department of Health to establish an appropriate review process for
43 such cases based on diagnostic records, including photographs, radiographs,
44 and study models or digital scans, together with documentation of functional
45 impairment or anticipated harm without treatment and secondary orthodontic
46 review where indicated; and be it further

47 **Resolved**, that the New York State Dental Association urge the New York
48 State Department of Health to revise the Handicapping Labio-Lingual
49 Deviation (HLD) Index, or its functional equivalent, to recognize clinically
50 significant orthodontic conditions that may not meet existing numerical
51 thresholds but nevertheless represent medically necessary care for
52 Medicaid-enrolled children, and to establish an appropriate review pathway
53 so that coverage decisions more accurately reflect contemporary clinical
54 standards, prevent avoidable long-term oral health complications, and
55 promote fairness and equity in access to orthodontic treatment.