

**HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX SCORE SHEET
FOR MEDICALLY NECESSARY ORTHODONTICS**

(You will need this score sheet and a Boley Gauge)

Provider Name: _____ Patient Name: _____

Claim number, if available: _____

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.

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 RECESSION 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 9 mm or mandibular protrusion (reverse overjet) greater than 3.5 mm.
Indicate an 'X' if present and score no further..... | | _____ |
| 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: _____

HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX 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 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 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 great than 9 mm or mandibular protrusion (reverse overjet) greater than 3.5 mm: 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. If the overjet is greater than 9 mm or mandibular protrusion (reverse overjet) is greater than 3.5 mm, 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 9 mm: 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 3.5 mm: 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 the 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 than 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 3.5 mm. 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 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 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 to labio-lingual spread, but only the most severe individual measurement should be entered on the score sheet.
13. Posterior Unilateral Crossbite: This condition involved 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.