

Patient Name: _____ Member ID: _____

Provider Name: _____

(Licensed Orthodontists Only)

Handicapping Labiolingual Deviation (HLD) Index Report

Instructions: (Assistance from a recorder/hygienist is recommended.)

- 1 Position the patient's teeth in centric occlusion.
- 2 Record all measurements in the order given and round off to the nearest millimeter (mm).
- 3 ENTER A SCORE OF "0" IF A CONDITION IS ABSENT.
- 4 Enter the requested provider and patient information above. Provider must sign and date at the bottom.

Condition	HLD Score
Cleft palate deformities (<i>Indicate an "X" if present and score no further.</i>)	
Deep impinging overbite WHEN LOWER INCISORS ARE DESTROYING THE SOFT TISSUE OF THE PALATE (<i>Indicate an "X" if present and score no further.</i>)	
Individual anterior teeth crossbite WHEN DESTRUCTION OF SOFT TISSUE IS PRESENT (<i>Indicate an "X" if present and score no further.</i>)	
Attach description of any severe traumatic deviations. For example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. (<i>Indicate an "X" if present and score no further.</i>)	
Overjet greater than 9mm with incompetent lips or reverse overjet greater than 3.5 mm with reported masticatory/speech difficulties. (<i>Indicate an "X" if present and score no further.</i>)	
Overjet in mm	
Overbite in mm	
Mandibular protrusion in mm	x 5 =
Open bite in mm	x 4 =
If both anterior crowding and ectopic eruption are present in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.	
Ectopic eruption: Count each tooth, excluding 3 rd molar.	x 3 =
Anterior crowding: Score only point for MAXILLA, and/or one point for MANDIBLE; two points maximum for anterior crowding.	x 5 =
Labiolingual spread in mm	
If the patient has a posterior unilateral crossbite; involving two or more adjacent teeth, one of which is a molar, enter/score a "4" for this item.	
Total Score:	

If a patient does not score an HLD Index of 26 or above, he/she may be eligible for services as an exception. To request an exception, attach appropriate documentation for each of the following eight areas:

- 1 Principal diagnosis and significant associated diagnosis
- 2 Prognosis
- 3 Date of onset of the illness or condition and etiology if known
- 4 Clinical significance or functional impairment caused by the illness or condition
- 5 Specific services to be rendered by each discipline and anticipated time for achievement of goals
- 6 Therapeutic goals to be achieved by each discipline and anticipated time for achievement of goals
- 7 Extent of previous services that were provided to address the illness/condition and results of the prior care
- 8 Any other documentation available which may assist in making the Medically Necessary determination

Provider Signature: _____ Date: _____

Handicapping Labiolingual Deviation Index Scoring Instructions

The intent of the Handicapping Labiolingual Deviation (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 attached score sheet).

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

Cleft Palate Deformities: Indicate an "X" on the score sheet and do not score any further if present. This condition is considered to be a handicapping malocclusion.

Deep Impinging Overbite: Indicate an "X" on the score sheet when lower incisors are destroying the soft tissue of the palate and do not score any further. This condition is considered to be a handicapping malocclusion.

Individual Anterior Teeth Crossbite: Indicate an "X" on the score sheet when destruction of soft tissue is present and do not score any further. This condition is considered to be a handicapping malocclusion.

Severe Traumatic Deviations: Traumatic deviations include loss of a premaxilla segment by burns or by accident, the result of osteomyelitis or other gross pathology. Indicate with an "X" on the score sheet, attach documentation of condition, and do not score any further. This condition is considered to be a handicapping malocclusion.

Overjet greater than 9mm: If the overjet is greater than 9 mm with incompetent lips or the reverse overjet (mandibular protrusion) is greater than 3.5 mm with reported masticatory and speech difficulties, indicate an "X" and score no further. If the reverse overjet is not greater than 3.5 mm, score under the "Mandibular Protrusion in Millimeters" item.

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

Mandibular Protrusion in Millimeters: Score exactly as measured from the labial of the lower incisor to the labial of the upper incisor. The measurement in millimeters is entered on the score sheet and multiplied by five (5). A reverse overbite, if present, should be shown under "overbite."

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

Ectopic Eruption: Count each tooth, excluding third molars. Enter the number of teeth on the score sheet and multiply by three (3). 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.

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. Enter five (5) points each for maxillary and mandibular anterior crowding. If ectopic eruption is also present in the anterior portion of the mouth, score the most severe condition. DO NOT SCORE BOTH CONDITIONS.

Labiolingual Spread: Use a Boley Gauge or a disposable ruler to determine the extent of deviation from a formal 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 tooth and the lingually displaced anterior tooth is measured. The labiolingual 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 labiolingual spread, but only the most severe individual measurement should be entered on the index.

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.