DISTRICT OF COLUMBIA
HANDICAPPING LABIO-LINGUAL DEVIATION (THE HLD Index No. 4)
SCORE SHEET

Patient Name: _____ **DOB: _____**
Treating Orthodontist: _____ **Medicaid ID #: _____**
Date: _____

Conditions	Provider Score	HLD 1st Review	HLD 2nd Review
Cleft palate deformity - Submit a cleft palate in the mixed dentition only if you can justify in a report why the patient should be treated before he or she is in the full dentition. Will there be intermittent treatment? **Score 15 points**			
Craniofacial anomaly- Documentation must include a clinical narrative from a qualified specialist and photographs. **Score 15 points**			
Crossbite of individual anterior teeth causing clinical attachment loss where recession of the gingival margins is present. **Score 15 points**			
Deep impinging overbite causing the destruction of soft tissues of the palate where tissue laceration and/or clinical attachment loss are present. **Score 15 points**			
Severe traumatic deviations- This refers to facial accidents, not congenital deformity. It does not include traumatic occlusion or crossbites. **Score 15 points**			
Overjet greater than nine (9) millimeters or mandibular protrusion greater than three and one half (3.5) millimeters. **Score 15 points**			
Overjet- Measure overjet in millimeters and subtract 2mm from your score. Two mm of overjet is considered normal. Score ___minus 2mm			
Overbite - Measure overbite in millimeters and subtract 3mm from your score. Three mm of overbite is considered normal. Score ___minus 3mm			
Labio-Lingual Spread –Measure the total spacing between the anterior teeth in millimeters. Score ____			

Conditions	Provider Score	HLD 1st Review	HLD 2nd Review
Mandibular protrusion (reverse overjet) Measure the protrusion in millimeters and multiply by 5 (five). Score ___ x 5			
Open bite- Measure the opening between the maxillary and mandibular incisors in millimeters and multiply by 4 (four). Score ___ x 4			
Anterior crowding – Anteriors are so crowded that extractions are a prerequisite to treatment. Arch length insufficiency must exceed 3.5 mm to score points. (Score one for MAXILLA, and/or one for MANDIBLE) multiply by 5 (five) for the arch. Maxilla _____ / Mandible____ Total _____			
Ectopic eruption -This refers to an unusual pattern of eruption such as high labial cuspids. Do not score teeth in this category if they are scored under maxillary or mandibular crowding. (Identify by tooth number, and count each tooth, excluding third molars) multiply by 3. Score ___ x 3			
Posterior unilateral crossbite - Score 5 points for a left or right posterior crossbite. Must involve two or more adjacent teeth, one of which must be a molar. There is a maximum of 5 points for this category. Total____			
A score of 15 or higher indicates a physical handicap. **Total Score_____**			
1st Reviewer **Signature/Date_____Approved/Denied** Comments:_____ _____ _____ _____			
2nd Reviewer **Signature/Date_____Approved /Denied** Comments:_____ _____ _____ _____			

Procedure:

1. Occlude patient or models in centric position.
2. Record all measurements in order given (rounded off to the nearest millimeter).
3. Enter a score of zero (0) if the condition is absent.
4. Start by measuring overjet of the most protruding incisor.
5. Measure overbite from the labio-incisal edge of the overlapped front tooth/teeth to point of maximum coverage.
6. Ectopic eruption and Anterior crowding should not be doubled scored. Record only the more serious condition, not both.
7. Deciduous teeth and teeth not fully erupted should not be scored.

Additional documents: Clinical narrative, Models, Cephalometric films, X-rays, Diagnostic oral/intra photos.

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 handicapped occlusion 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 the following: 1) diagnostic casts or digital photographs of orthodontically trimmed study models (include views from all sides while in centric occlusion with wax bite); 2) intraoral photograph of the palate demonstrating soft tissue destruction; 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. **Crossbite of Individual Anterior Teeth:** Acceptable clinical documentation must include all the above noted clinical information together with supportive diagnostic intra-oral photographs of the anterior teeth demonstrating clinical attachment loss and gingival margin recession. Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)

4. **Deep Impinging Overbite:** Acceptable clinical documentation must include all the above noted clinical information. . Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)

5. **Severe Traumatic Deviation:** Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Submit history of prior treatment for any of these conditions to include all diagnostic radiographic images including a description of the condition. Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)

6A. **Overjet greater than 9mm or mandibular protrusion (reverse overjet) greater than 3.5mm:** Overjet is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of the lower incisors to the labial surface of the corresponding upper central incisors. This measurement should record the **greatest** distance between any one upper central incisor and it's corresponding lower central or lateral incisor. If the overjet is greater than 9mm or mandibular protrusion (reverse overjet) is greater than 3.5mm, indicate an 'X' and score no further. (This condition is automatically considered to qualify for orthodontic services.)

6B. **Overjet equal to or less than 9mm:** Overjet is recorded as in condition #6A above.

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. **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 to 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 for labio- lingual spread, but **only the most severe individual measurement should be entered on the score sheet.**

9. **Mandibular Protrusion (reverse overjet) equal to or less than 3.5mm:** 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).

10. **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 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.

11. **Anterior Crowding:** Arch length insufficiency must exceed 3.5mm. 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 exists in the anterior region of the same arch, count the condition that scores the most points. **DO NOT SCORE BOTH CONDITIONS.** However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

12. **Ectopic Eruption:** Count each tooth, **excluding third molars**. Each qualifying tooth must be impeded from full normal eruption and indicate that more than 50% of the crown as blocked and is not within 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 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.

13. **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 five (5) on the score sheet. **NO SCORE FOR BI-LATERIAL CROSSBITE.**