

HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX SCORE SHEET

Instructions: Complete this score sheet and submit along with a completed prior authorization request. A Boley Gauge or disposable ruler is required to calculate measurements when completing this form.

Provider		
Name: _____	Treating Physician: _____	
NPI Number: _____	TIN Number: _____	
Date Index Taken: _____	Office Phone #: _____	
Patient		
Name: _____	Date of Birth: _____	Subscriber #: _____

CONDITIONS #1 – #6A ARE AUTOMATIC QUALIFYING CONDITIONS!

If any condition in #1 through #6A applies please indicate with an "X" and submit the form.	Condition is Present
1. Cleft Palate Deformity - Documentation Requirements on Page 2. Indicate with an "X" and submit	_____
2. Cranio-facial Anomaly - Documentation Requirements on Page 2. Indicate with an "X" and submit	_____
3. Deep Impinging Overbite - When lower incisors are destroying the soft tissue of the palate, then tissue laceration and / or clinical attachment loss must be present. Documentation Requirements on Page 2. Indicate with an "X" and submit	_____
4. Crossbite of Individual Anterior Teeth - When clinical attachment loss and recession of the gingival margin are present. Documentation Requirements on Page 2. Indicate with an "X" and submit	_____
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. Documentation Requirements on Page 2. Indicate with an "X" and submit	_____
6A. Overjet (greater than 9mm) or Mandibular Protrusion (reverse overjet greater than 3.5mm.) Documentation Requirements on Page 2. Indicate with an "X" and submit	_____

THE REMAINING CONDITIONS REQUIRE A MINIMUM SCORE OF 26 OR MORE TO QUALIFY.

How to Calculate Measurements:

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
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	_____	x5 =	_____
9. Open bite in mm	_____	x4 =	_____
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) _____	<small>tooth numbers</small>	_____ x3 =	_____
	<small>total #</small>		
11. Anterior crowding (Score one for MAXILLA, and/or one for MANDIBLE) _____	<small>Maxilla</small>	<small>Mandible</small>	_____ x5 = _____
		<small>total #</small>	
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 handicapped occlusion caused by the components of the Index, and not to diagnose 'malocclusion.' All measurements are made with a scaled millimeter ruler. Absence of any conditions must be recorded by entering '0.' (Refer to the attached score sheet.)

The following documentation is required to be submitted. Any claim submitted without complete documentation will be returned as incomplete documentation.

- A completed HLD Scoring Index Sheet
- A narrative describing the nature of the severe physically handicapping malocclusion, along with any documentation relevant to determining the nature and extent of the handicap.
- A panoramic and/or mounted full mouth series of intra-oral X-rays.
- A cephalometric X-ray with teeth in centric occlusion and cephalometric analysis/tracing.
- Facial photographs of frontal and profile views.
- Intra-oral photographs depicting right and left occlusal relationships as well as an anterior view.
- Maxillary and mandibular occlusal photographs.
- Photos of articulated models can be submitted optionally (*Do NOT send stone casts*).
- Requests where there is significant disparity between the evaluation and narrative and objective documentation (e.g., photographs and / or X-rays) will be returned for clarification without review.

The following information should help clarify the categories on the HLD Index: (*Acceptable clinical documentation must include all the above noted clinical information*)

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.
3. **Deep Impinging Overbite:** Acceptable clinical documentation must include all the above noted clinical information.
4. **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 to less than 2 mm.
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.
- 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 its 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.
- 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. **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).
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 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 impeded from full normal eruption and indicate that more than 50% of the crown is 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 (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 3.5mm. 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 (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 (or a disposable ruler) 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.**
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 four (4) on the score sheet. **NO SCORE FOR BI-LATERAL CROSSBITE.**