

HANDICAPPING LABIO-LINGUAL DEVIATION INDEX (HLD) ASSESSMENT

Patient Name: _____ MEDICAID ID: _____ DOB: _____	
All necessary dental work completed? Yes ___ No ___ Patient oral hygiene: Excellent___ Good___ Poor___ (all dental work must be completed and oral hygiene must be good BEFORE orthodontic treatment is approved)	
PROCEDURE (use this score sheet and a Boley Gauge or disposable ruler): <ul style="list-style-type: none"> • Indicate by checkmark next to A or B which criteria you are submitting for review • 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 condition is absent 	
A. ___ CONDITIONS 1-6 ARE AUTOMATIC QUALIFIERS (indicate with an "X" if condition is present)	
1. Documented diagnosis of at least one of the following craniofacial anomalies: <ul style="list-style-type: none"> • <i>Cleft lip or palate</i> • <i>Pierre-Robin sequence</i> • <i>Hemifacial or craniofacial microsomia</i> • <i>Crouzon, Apert, or Treacher-Collins syndrome</i> • <i>Condylar aplasia</i> 	
2. Deep impinging overbite when lower incisors are destroying the soft tissue of the palate.	
3. Crossbite of individual anterior teeth when destruction of the soft tissue is present.	
4. Overjet greater than 9 mm with incompetent lips or reverse overjet greater than 3.5 mm	
5. Severe traumatic deviations	
6. Surgical malocclusion with orthognathic surgery	
Continue to score below if there are no qualifying conditions checked above	
B. ___ CONDITIONS 7-15 MUST SCORE 30 POINTS OR MORE TO QUALIFY	
7. Overjet in mm.	mm ___ - 2 = ___
8. Reverse overjet of 3.5 mm or less	___ x 5 = ___
9. Overbite in mm. Do not record overbite and open bite on the same patient.	mm ___ - 3 = ___
10. Anterior open bite in mm. Do not record overbite and open bite on the same patient.	___ x 4 = ___
11. Ectopic eruption: Count each tooth, excluding third molars. If both anterior crowding and ectopic eruptions are present in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.	___ x 3 = ___

12. Anterior crowding: Anterior arch length insufficiency must exceed 3.5mm; score one point for maxilla and one point for mandible; 2 points maximum for anterior crowding. The maximum number of points for this item is therefore 10 points (5 upper and 5 lower). If both anterior crowding and ectopic eruptions are present in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.	____ x 5 = ____
13. Impacted cuspids that will not erupt into the arches without orthodontic or surgical intervention.	____ x 1 = ____
14. Labio-lingual Spread: Measure the distance between the most protruded tooth and the normal archline or most lingually displaced adjacent anterior tooth.	____ x 1 = ____
15. 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 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 4 on the scoresheet.	Score 4 = ____
TOTAL SCORE (must score 30 points or more to qualify)	_____

DENTITION Transitional Adolescent

DOCUMENTATION ATTACHED

(Photos and cephalogram required)

- Cephalogram (Required for all cases. Must be original image with embedded scale or notation of image scale.)
- Panorex (required for impacted teeth)
- Photographs (Required for all cases. High quality facial and intra-oral)
- Other

REQUEST

- Limited Treatment
- Comprehensive treatment
- Continued Treatment (for transfer cases)

COMMENTS/NARRATIVE

PROVIDER NAME _____ **PROVIDER NPI** _____

PROVIDER SIGNATURE _____ **DATE** _____

GUIDELINES AND RULES FOR COMPLETING THE HLD ASSESSMENT FORM

Provider is encouraged to score the case and exclude any case that obviously would *not* qualify for treatment. Upon completion of the HLD Assessment form, review all measurements and calculations for accuracy.

- a. Indicate by checkmark next to A or B which criteria you are submitting for review.
- b. Position the patient's teeth in centric occlusion.
- c. Record all measurements in the order given and round off to the nearest millimeter.
- d. Enter the score "0" if condition is absent.

A. CONDITIONS 1 - 6 ARE AUTOMATIC QUALIFIERS

1. Craniofacial Anomalies

- Cleft lip or palate
- Pierre-Robin Sequence
- Hemifacial or Craniofacial Microsomia
- Crouzon, Apert, or Treacher Collins Syndrome
- Condylar Aplasia

The anomaly *must* be demonstrated on the study model and/or intraoral/extraoral photographs; and proper diagnosis by credentialed expert(s) supported by written documentation. Indicate an "X" and do not score any further if present.

2. Deep impinging overbite with Severe Soft Tissue Damage – When lower incisors are destroying the soft tissue of the palate. Tissue laceration and/or clinical attachment loss must be present and clearly visible in the mouth. Indicate an "X" on the score sheet and do not score any further if present. This condition is considered to be a handicapping malocclusion.
3. Crossbite of individual anterior teeth -When clinical attachment loss and recession of the gingival margin are present. Gingival recession *must* be at least 2 mm deeper than the adjacent teeth. In the case of a canine, the amount of gingival recession should be compared to the opposite canine. 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.
4. Overjet greater than 9 mm or reverse overjet greater than 3.5 mm – Overjet is recorded with 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. This measurement should record the greatest distance between any upper central incisors and its corresponding lower central or lateral incisor. If the overjet is greater than 9 mm with incompetent lips or mandibular protrusion (reverse overjet) is greater than 3.5 mm, indicate an "X" on the score sheet and do not score any further. This condition is considered to be a handicapping malocclusion.
5. Severe traumatic deviations – damage to skeletal and/or soft tissue as a result of trauma or other gross pathology. These might include, for example, loss of a premaxillary segment by burns or accident, the result of osteomyelitis, or other gross pathology. If present, indicate an "X" on the score sheet and do not score any further.
6. Surgical malocclusion with orthognathic surgery – Documentation of the surgical consultation, treatment plan and approval for the surgical case must be included with the prior authorization request. Indicate an "X" on the score sheet and do not score any further.

B. CONDITIONS 7 -15 MUST SCORE 30 POINTS OR MORE TO QUALIFY

7. Overjet -this is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of a lower incisor to the labial surface of an upper central incisor. Measure parallel to the occlusal plane.

Do not use the upper lateral incisors or cuspids. The measurement may apply to only one (1) tooth if it is severely protrusive. **Do not record overjet and mandibular protrusion (reverse overjet) on the same patient.** Measure overjet in millimeters and subtract 2 mm from your score. Two (2) millimeters of overjet is considered normal.

8. Mandibular (dental) protrusion or reverse overjet -measured from the labial surface of a lower incisor to the labial surface of an upper central incisor. Do *not* use the upper lateral incisors or cuspids for this measurement. **Do not record mandibular protrusion (reverse overjet) and overjet on the same patient.** The measurement in millimeters is entered on the score sheet and multiplied by five (5).
9. Overbite -a pencil mark on the tooth indicating the extent of the overlap assists in making this measurement. Hold the pencil parallel to the occlusal plane when marking and use the incisal edge of one of the upper central incisors. Do *not* use the upper lateral incisors or cuspids. The measurement is done on the lower incisor from the incisal edge to the pencil mark. "Reverse" overbite may exist and should be measured on an upper central incisor - from the incisal edge to the pencil mark. **Do not record overbite and open bite on the same patient.** Measure overbite in millimeters and subtract 3 mm from your score. Three (3) millimeters of overbite is considered normal.
10. Open bite -measured from the incisal edge of an upper central incisor to the incisal edge of a lower incisor. Do *not* use the upper lateral incisors or cuspids for this measurement. **Do not record overbite and open bite on the same patient.** The measurement in millimeters is entered on the score sheet and multiplied by four (4).
11. Ectopic eruption -count each tooth excluding third molars. Each qualifying tooth must be Enter the number of teeth on the score sheet and multiply by three (3).
12. Anterior crowding – Measure each arch separately. Anterior 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) point for a maxillary arch with anterior crowding and multiply by five (5). Score one (1) point for a mandibular arch with anterior crowding and multiply by five (5). Combine the scores and enter on the form. If anterior crowding, is also present with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition (the condition represented by the most points). **DO NOT SCORE BOTH CONDITIONS.**
13. Impacted cuspids – Only impacted cuspids that will not erupt into the arches without orthodontic or surgical intervention. Impacted cuspids not indicated for extraction, but with arch space available for correction are treatment planned to be brought into occlusion. Enter number of impacted cuspids that fit the criteria above and multiply by one (1).
14. Labio-lingual spread -use a Boley gauge (or disposable ruler) 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 a line representing the normal arch. Otherwise, the total distance between the most protruded tooth and the most lingually displaced adjacent anterior tooth is measured. When multiple anterior crowding of teeth is observed, all deviations should be measured for labio-lingual spread but only the most severe individual measurement should be entered on the on the score sheet. Enter the measurement in mm and multiply by one (1).
15. Posterior crossbite -this condition involves two (2) or more adjacent teeth, one (1) of which *must* be a molar. The crossbite *must* be one in which the maxillary posterior teeth involved may be both palatal or completely buccal in relation to the mandibular posterior teeth. The presence of posterior crossbite is indicated by a score of four (4) on the score sheet.