



South Dakota Medicaid Handicapping Labio-Lingual Deviations Form (HLD Index)

FOR DDSD USE ONLY: Reviewing Consultant:

Consultant signature :

Date:

The Handicapping Labio-Lingual Deviations Form (HLD) is a quantitative, objective method for measuring malocclusion. The HLD provides a single score, based on a series of measurements that represent the degree to which a case deviates from normal alignment and occlusion.

- The following items **must** be submitted with this form:
- ADA predetermination form
 - Pre-Orthodontic Certification Form signed by general dentist
 - Quality Oral / Facial Photographs, Panoramic & Cephalometric films, and any additional supporting diagnostic documentation

Procedure:

1. Score all conditions listed and enter "0" if condition is absent.
2. Record all measurements in the order given, and round off to the nearest millimeter.
3. **Ectopic eruption (#10) and Anterior Crowding (#11) are not to be double scored. Record the most serious condition.
4. Deciduous teeth and teeth not fully erupted are not to be scored.

Patient Name: _____ DOB: _____ Recipient ID: _____

Patient Address: _____ Phone Number: _____

Conditions Observed	Finding:	HLD Score
1. Cleft palate	Score "X"	
2. Deep impinging overbite	Score "X"	
3. Anterior impactions	Score "X"	
4. Orthognathic surgical case	Score "X"	
5. Posterior impactions	Score 5=	
6. Severe traumatic deviations	Score 15=	
7. Overjet in mm (as measured in centric relation)	X1=	
8. Overbite in mm (as measured in centric relation)	X1=	
9. Mandibular protrusion in mm	X5=	
10. Open bite in mm	X4=	
11. **Ectopic eruption (number of teeth, excluding third molars)	X3=	
12. **Anterior crowding: maxilla: _____ mandible: _____	Score 5ea	
13. Labio-lingual spread, in mm (anterior spacing)	X1=	
14. Posterior unilateral crossbite	Score 4=	
15. Bilateral crossbite	Score 8=	
16. Anterior crossbite	Score 4=	

I certify that I am the prescribing provider identified below. Any attached statement has been reviewed and signed by me. I certify the medical necessity information on this form is true, accurate, and complete, to the best of my knowledge.

Total score: _____

Prescribing provider's signature/date: _____

Printed name of prescribing provider: _____ LIC # _____ NPI: _____

Please complete the following in detail:

DESCRIPTION OF PATIENT'S CONDITION AND DIAGNOSIS:

TREATMENT PLAN:

REMARKS:

**Please submit all required documents to:
Delta Dental of South Dakota
South Dakota Medicaid Orthodontic Review
PO Box 1157
Pierre, SD 57501**

Handicapping Labio-Lingual Deviations Index Scoring Instruction

The following information should help clarify the categories on the HLD index. All measurements must be scaled in millimeters and absence of any conditions must be recorded by entering "0".

1. **Cleft Palate Deformities:** Is considered a handicapping malocclusion and should be scored with an "X" on the form.
2. **Deep Impinging Overbite:** Is when the lower incisors are occluding and (or) are causing trauma to the soft tissue of the palate and should be scored with an "X" on the form. *Please include a lingual view of the occlusion if available.*
3. **Anterior Impactions:** Includes central and lateral incisors and canines in both the maxillary and mandibular arches. Should be scored with an "X" on the form. Teeth that will erupt and (or) are erupting should be scored under ectopic and (or) anterior crowding.
4. **Orthognathic surgical case:** Is considered a handicapping malocclusion and should be scored with an "X" on the form.
5. **Posterior Impactions:** Include bicuspid and molars in both the maxillary and mandibular arches. Should be scored with a 5 on the form.
6. **Severe Traumatic Deviations:** Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident, the result of osteomyelitis, or other gross pathology. The presence of severe traumatic deviations is indicated by a score of 15 on the form.
7. **Overjet:** This is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor. The measurement could apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the form.
8. **Overbite:** This is recorded when the teeth indicate an extent of overlap and is measured by rounding off to the nearest millimeter and entered on the form. Reverse overbite may exist in certain conditions and should be measured and recorded.
9. **Mandibular Protrusion:** Score exactly as measured from the labial of the lower incisor to the labial of the upper incisor. The measurement is entered on the form and multiplied by 5. A reverse overbite, if present, should be shown under "overbite".
10. **Open bite:** This condition is defined as the absence of occlusal contact in the anterior region, and is measured from edge to edge in millimeters. This measurement is multiplied by 4 and entered on the form. In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, use a close approximation.
11. **Ectopic Eruption:** Count each tooth, excluding third molars, and multiply by 3.
If condition #11, Anterior Crowding, is also present, with an ectopic eruption in the anterior segment of the mouth, ***record the most serious condition.**
12. **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 5 points for maxillary and 5 points for mandibular anterior crowding. If condition #10, Ectopic Eruption, is also present in the anterior segment of the mouth, ***record the most serious condition.**
13. **Labio-Lingual Spread:** 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 labio-lingual spread probably comes close to a measurement of over all deviation from what would have been a normal arch. If 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 index.
14. **Posterior-Unilateral Crossbite:** This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be on which the maxillary posterior teeth 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 4 on the form.
15. **Bilateral Posterior Crossbite:** This condition involves two or more adjacent teeth on both sides including a molar. The presence of a bilateral crossbite is indicated by a score of 8 on the form.
16. **Anterior Crossbite:** This condition involves central incisor, lateral incisor, and cuspid. In the transitional dentition an anterior slide is present. This is indicated by a score of 4 on the form.