## South Dakota Medicaid Department of Handicapping Labio-Lingual Deviations Form Social Services (HLD Index)

FOR DDSD USE ONLY: Reviewing Consultant:

## Consultant signature :

South Dakota

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. Occlude patient or models in occlusion position.
- 2. Record all measurements in the order given, and round off to the nearest millimeter.
- 3. Enter score "0" if condition is absent.
- 4. Start by measuring overjet of the most protruding incisor.
- 5. Measure overbite from the labio-incisal edge of overlapped front tooth (or teeth) to point of maximum coverage.
- 6. Score all other conditions listed:
- 7. Ectopic eruption and anterior crowding: Do not double score. Record the most serious condition.
- 8. 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. Posterior impactions	Score 5=	
•	5. Severe traumatic deviations	Score 15=	
•	6. Overjet in mm (as measured in centric relation)	X1=	
<ol> <li>7. Overbite in mm (as measured in cer</li> <li>8. Mandibular protrusion in mm</li> </ol>	7. Overbite in mm (as measured in centric relation)	X1=	
	8. Mandibular protrusion in mm	X5=	
•	9. Open bite in mm	X4=	
10. Ectopic eruption (numb	10. Ectopic eruption (number of teeth, excluding third molars)	X3=	
•	11. Anterior crowding: maxilla: mandible:	X5 ea=	
•	12. Labio-lingual spread, in mm (anterior spacing)	X1=	
•	13. Posterior unilateral crossbite	Score 4=	
	14. Bilateral crossbite	Score 8=	
•	15. Anterior crossbite	Score 4=	
certify that I a	n the prescribing provider identified below. Any attached statement has been reviewed and sigr	ned by me. I Total	
ertify the med	ical necessity information on this form is true, accurate, and complete, to the best of my knowled	lge. score:	
rescribing	provider's signature/date:		

Printed name of prescribing provider:

NPI:

## Please complete the following in detail:

DESCRIPTION OF PATIENT'S CONDITION AND DIAGNOSIS:

DIAGNOSTIC PROCEDURES:

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 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: Indicate an "X" on the form (This condition is considered to be a handicapping malocclusion).
- 2. **Deep Impinging Overbite:** Indicate an "X" on the form when lower incisors are destroying the soft tissue of the palate. (This condition is considered to be handicapping malocclusion).
- **3.** Anterior Impactions: Indicate an "X" on the form. Anterior impactions include central incisors, lateral incisors, and canines in the maxillary and mandibular arches.
- 4. Posterior Impactions: The presence of this deviation is indicated by a score of 5 on the form.
- 5. 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.
- 6. **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.
- 7. **Overbite:** 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 form. Reverse overbite may exist in certain conditions and should be measured and recorded.
- 8. 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".
- 9. **Open bite:** This condition is defined as the absence of occlusal contact in the anterior region. It is measured from edge to edge in millimeters. This measurement is entered on the form and multiplied by 4. 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.
- 10. Ectopic Eruption: Count each tooth, excluding third molars. Enter the number of teeth on the form and multiply by3. If condition #11, Anterior Crowding, is also present, with an extopic eruption in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.
- 11. 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 mandibular anterior crowding. If condition #10, Ectopic Eruption, is also present in the anterior portion of the mouth, score the most severe condition. Do not score both conditions.
- 12. 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 is 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.
- 13. 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.
- 14. 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.
- 15. 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.