



MASSACHUSETTS

HANDICAPPING LABIO-LINGUAL DEVIATIONS (HLD INDEX 4)

Submit this form with your Pre-Treatment Estimate.

Please also include: photographic prints, cephalometric images, panoramic images, Orthodontic Prior Authorization form, ADA Claim form.

Handicapping Labio-Lingual Deviations (HLD) is a method for measuring malocclusion that provides a single score representing the degree to which a case deviates from normal alignment and occlusion. To complete the HLD:

1. Occlude patient or use models in occlusion position.
2. Record all measurements in the order given, rounded off to the nearest millimeter, as noted below.
3. Measure **overjet** of the most protruding incisor.
4. Measure **overbite** from the labio-incisal edge of overlapped front tooth (or teeth) to point of maximum coverage.
5. Score all other conditions listed, using instructions on the following page. For **ectopic eruption** and **anterior crowding, do not double score**. Record the more serious condition.
6. Do not score deciduous teeth and teeth that are not fully erupted.
7. Note that members whose molars and bicuspid are in good occlusion will seldom qualify for prior authorization. Crowding alone does not usually qualify regardless of appearance.

MEMBER INFORMATION			
Member name:		Member ID number:	
Member address:			
Clinical width of Max right central incisor:		(mm)	
Clinical width of Mand right central incisor:		(mm)	

CONDITIONS OBSERVED	INSTRUCTIONS	HLD SCORE
Section 1 – An X in this section constitutes a handicapping malocclusion		
Cleft palate*	Mark X if present; 0 if absent	
Deep impinging overbite		
Anterior impactions		
Severe traumatic deviations		
Overjet > 9mm		
Reverse overjet > 3.5mm		
Severe maxillary anterior crowning > 8 MM		
Section 2 - A score of 22 and over in this section constitutes a severe and handicapping malocclusion.		
Overjet (in mm)	Round to nearest mm	
Overbite (in mm)	Round to nearest mm	
Mandibular protrusion (in mm)	Measurement in mm x 5	
Open bite (in mm)	Measurement in mm x 4	
Ectopic eruption (# of teeth, excluding third molars)	# of teeth x 3	
Anterior crowding	See scoring instructions	
Labio-lingual spread, (anterior spacing, in mm)	See scoring instructions	
Posterior unilateral crossbite	Score 4 if present	
Posterior impactions or congenitally missing posterior teeth (excluding third molars)	# of teeth x 3	
Section 2 total:		

I certify that I have reviewed and personally signed all accompanying documentation including any statements on my letterhead.

Prescribing provider: (please print) _____

Prescribing provider signature: _____

Prescribing provider NPI: Date:

* MA mandates coverage under medical benefits for children with cleft palate with or without cleft lip. Please submit to member's medical carrier.

FOR BLUE CROSS USE ONLY

First Reviewer

Second Reviewer

HANDICAPPING LABIO-LINGUAL DEVIATION INDEX SCORING INSTRUCTIONS

An X in Section 1 or a score of 22 or higher in Section 2 is considered to be handicapping malocclusion.

CONDITION	SCORING INSTRUCTIONS
Cleft palate deformities	Please submit to member's medical carrier.
Deep impinging overbite	Indicate X when lower incisors are destroying the soft tissue of the palate; 0 if absent.
Anterior impactions	Indicate X if present; 0 if absent. Anterior impactions include central incisors, lateral incisors, and canines in the maxillary and mandibular arches.
Severe traumatic deviations	Indicate X if present; 0 if absent. Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology.
Overjet greater than 9mm	Indicate X if present; 0 if absent. 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.
Reverse overjet greater than 3.5mm	Indicate X if present; 0 if absent. 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.
Severe maxillary anterior crowning, greater than 8 mm	Indicate X if present; 0 if absent.
Overjet (in mm)	With the patient in centric occlusion, measure 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. Round off measure to the nearest millimeter and enter on the form.
Overbite (in mm)	A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. Round off measure to the nearest millimeter and enter on the form. "Reverse" overbite may exist in certain conditions and should be measured and recorded.
Mandibular protrusion (in mm)	Measure from the buccal groove of the first mandibular molar to the MB cusp of the first maxillary molar in millimeters and multiply by 5.
Open bite (in mm)	This condition is defined as the absence of occlusal contact in the anterior region. Measure from edge to edge in millimeters and multiply by 4. In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible; estimate a close approximation.
Ectopic eruption	Count each tooth, excluding third molars, and multiply by 3. If anterior crowding with an ectopic eruption in the anterior portion of the mouth is also present, score only the most severe condition. Do not score both conditions.
Anterior crowding	Arch length insufficiency must exceed 3.5 mm. Mild rotations that may react favorably to stripping or mild expansion procedures should not to be scored as crowded. Enter 5 points for maxillary and mandibular anterior crowding. If ectopic eruption is also present in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.
Labio-Lingual Spread	Use the measurement tool to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, measure from the incisal edge of that tooth to the normal arch line. Otherwise, measure the total distance between the most protruded tooth and the lingually displaced anterior tooth. The labio-lingual spread probably comes close to a measurement of overall deviation from what would have been a normal arch. In the event that multiple anterior crowding of teeth is observed, measure all deviations from the normal arch should be measured for labio-lingual spread, but only enter the most severe individual measurement. Additionally, anterior spacing may be measured as the total score in mm from the mesial of cuspid to the mesial of cuspid, totaling both arches. Only score the greater score attained by either of these two methods.
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. Enter 4 on the form for the presence of posterior unilateral crossbite.
Posterior impactions or congenitally missing posterior teeth	Add the number of posterior teeth, excluding third molars, that meet this criterion and multiply by 3.