

HANDICAPPING LABIO-LINGUAL DEVIATION INDEX (HLD) SCORE SHEET

Name (Last, First): _____ MO HealthNet Number: _____ 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):

- **Indicate by checkmark next to A, B and/or C 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. **Cleft palate** _____
2. Deep impinging bite **with** signs of tissue damage, not just touching palate _____
3. Anterior crossbite **with** gingival recession _____
4. **Severe traumatic deviation** (i.e., accidents, tumors, etc. attach description) _____
5. Overjet **9 mm** or greater or reverse overjet **3.5 mm** or greater _____
6. **Impacted maxillary central incisor** (can be TX in early mixed dentition) _____

B. _____ CONDITIONS 7-14 MUST SCORE 28 POINTS OR MORE TO QUALIFY

7. **Overjet** (one upper central incisor to labial of the most labial lower incisor) mm ____ x 1 = _____
8. **Overbite** (maxillary central incisor relative to lower anteriors) mm ____ x 1 = _____
9. Mandibular protrusion (reverse overjet, "**underbite**") mm ____ x 5 = _____
10. **Openbite** (measure from a maxillary central incisor to mandibular incisors) mm ____ x 4 = _____
11. **Ectopic teeth** (excluding third molars, see note below) # teeth ____ x 3 = _____

Note: If anterior crowding and ectopic eruption are present in the anterior

portion of the mouth, score only the most severe condition; **do not score both**

- 12a. **Anterior crowding of maxilla** (greater than 3.5 mm) if present score ____1__ x 5 = _____
- 12b. **Anterior crowding of mandible** (greater than 3.5 mm) if present score ____1__ x 5 = _____
13. **Labio-lingual spread** (either measure a displaced tooth from the normal arch form or labial-lingual distance between adjacent anterior teeth) mm ____ x 1 = _____
14. Posterior **crossbite** (1 must be a molar), score only 1 time – if present score ____1__ x 4 = _____

TOTAL SCORE (must score 28 points or more to qualify) _____

C. _____ MEDICAL NECESSITY

MO HealthNet will consider whether orthodontic services should be provided based upon other evidence that orthodontic services are medically necessary as indicated in Section 13.42.C of the Dental Provider Manual and in 13 CSR 70-35.010(5)(C). **The treating dentist/orthodontist must submit a written detailed explanation of the medical necessity of the orthodontia services along with the completed HLD Index, PA request form and treatment plan.**

Provider Signature _____ Date _____

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