

UnitedHealthcare Dental Texas Medicaid Handicapping Labio-Lingual Deviation (HLD) Index Score Sheet

Note: The HLD index requires the use of an HLD score sheet and a Boley gauge for measuring. The sheet and a Boley Gauge are required to score.

Please type or print clearly.

CLIENT INFORMATION				
Client Name:				
Date of Birth:	Medicaid Number:			
Address (Street, City, State, ZIP Code):				
CONDITIONS OBSERVED				HLD SCORE
Cleft Palate Score 15				
Severe Traumatic Deviations (Trauma/Accident related only) Score 15				
Overjet in mm. Minus 2 mm. (Example: 8 mm. – 2 mm. = 6 points)				=
Overbite in mm. Minus 3 mm. (Example: 5 mm. – 3 mm. = 2 points)				=
Mandibular Protrusion in mm. (See definitions/instructions to score) X5				=
Open Bite in mm. (See definitions/instructions to score) X4			=	
Ectopic Eruption (Anteriors Only)Each tooth x3Reminder: Points cannot be awarded on the same arch for EctopicEruption and Crowding				=
Anterior Crowding 10 point maximum total for both arches combined	Max.	Mand.	= 5 pts. each arch	=
Labio-lingual Spread in mm.				=
TOTAL SCORE				=
Diagnosis:				
Examiner:	Recorder:			
Provider's Signature:				
Please submit this score sheet with records.				

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Instructions:

The orthodontic provider must complete and sign the HLD Index (Angle classification). The HLD index requires the use of an HLD score sheet and a Boley Gauge for measuring. This sheet and a Boley Gauge are required to score.

With the client or models in the centric position, the HLD index is to be scored as indicated below. Record all measurements rounded-off to the nearest millimeter (mm). Enter a score of "0" if the condition is absent.

The HLD index is to be scored as follows:

- 1. Cleft Palate: A cleft palate request for mixed dentition will be considered only if narrative justification supports treatment before the client reaches full dentition.
- 2. Severe Traumatic Deviations: Refers to facial accidents only. Points cannot be awarded for congenital deformity. Severe traumatic deviations do not include traumatic occlusions for crossbites.
- **3. Overjet in Millimeters:** Score the client exactly as measured. The measurement should be recorded from the most protrusive incisor, then subtract 2 mm (a 2 mm deviation is considered the norm) and enter the difference as the score.
- **4. Overbite in Millimeters:** Score the client exactly as measured. The measurement must be recorded from the labio-incisal edge of the overlapped anterior tooth or teeth to the point of maximum coverage, then subtract 3 mm (a 3 mm deviation is considered the norm) and enter the difference as the score.
- **5. Mandibular Protrusion in Millimeters:** Score the client exactly as measured. The measurement must be recorded from the "line of occlusion" of the permanent teeth, not from the ectopically erupted teeth in the anterior segment.
- 6. Open Bite in Millimeters: Score the case exactly as measured. Measurement must be recorded from the "line of occlusion" of the permanent teeth, not from the ectopically erupted teeth in the anterior segment. Caution is advised in undertaking treatment of open bites in older teenagers, because of the frequency of relapse.
- 7. **Ectopic Eruption:** An unusual pattern of eruption, such as high labial cuspids or teeth that have erupted in a position that is grossly out of the long axis of the alveolar ridge. Ectopic eruption does not include teeth that are rotated or teeth that are leaning or slanted especially when the enamel-gingival junction is within the long axis of the alveolar ridge.

Note: Record the more serious condition. Do not include (score) teeth from an arch if that arch is to be counted in the category of "Anterior Crowding." For each arch, either the ectopic eruption or anterior crowding may be scored, but not both.

- **8. Anterior Crowding:** Arch length insufficiency must exceed 3.5 mm to be considered as crowding in either arch. Mild rotations that may react favorably to stripping or moderate expansion procedures are not to be scored as "crowded."
- **9.** Excessive Anterior Spacing in Millimeters: The score for this category must be the total, in millimeters, of the anterior spaces.

Scoring should be conservative. The client must be considered severe handicapping malocclusion with dysfunctional masticatory (chewing) capacity as a result of the existing relationship between the maxillary (upper) and mandibular (lower) dental arches and/or teeth that, without correction, will result in damage to the temporomandibular joint(s) (TMJ) and/or other supporting oral structures (e.g., bone, tissues, intra and/or extra oral muscles, etc.) and have a minimum of 26 points on the HLD index to qualify for any orthodontic care other than crossbite correction. Half-mouth cases cannot be approved.

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