

## **METHOD OF INDICATING CHANGES**

This Accessible PDF version of the proposed changes in the DC016 form includes the phrase [begin underline] at the beginning of each addition, [end underline] at the end of each addition, [begin strikeout] at the beginning of each deletion, [end strikeout] at the end of deletion, [begin emphasis] at the beginning of the words that are emphasized, and [end emphasis] at the end of the words that are emphasized.

A standard PDF version of this form is also available on the Department's Office of Regulations Internet site.

HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX CALIFORNIA  
MODIFICATION SCORE SHEET

(You will need this score sheet and a Boley Gauge or a disposable ruler)

Provider

Name:

Number:

Date:

Patient Name:

- 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 THE CONDITION IS ABSENT.

CONDITIONS [begin emphasis]#1 – #6A ARE AUTOMATIC QUALIFYING  
CONDITIONS[end emphasis]

1. Cleft palate deformity (See scoring instructions for types of acceptable documentation) Indicate an 'X' if present and score no further

HLD Score \_\_\_\_\_

2. Cranio-facial anomaly (Attach description of condition from a credentialed specialist) Indicate an 'X' if present and score no further

HLD Score \_\_\_\_\_

3. Deep impinging overbite WHEN LOWER INCISORS ARE DESTROYING THE SOFT TISSUE OF THE PALATE.

TISSUE LACERATION AND/OR CLINICAL ATTACHMENT LOSS MUST BE PRESENT. Indicate an 'X' if present and score no further

HLD Score \_\_\_\_\_

4. Crossbite of individual anterior teeth WHEN CLINICAL ATTACHMENT LOSS AND RECESSION OF THE

GINGIVAL MARGIN ARE PRESENT Indicate an 'X' if present and score no further

HLD Score \_\_\_\_\_

5. Severe traumatic deviation. (Attach description of condition. For example: loss of a premaxilla segment by burns or by accident, the result of osteomyelitis, or other gross pathology.) Indicate an 'X' if present and score no further

HLD Score \_\_\_\_\_

6A. Overjet greater than 9mm [begin underlinewith incompetent lipsend underline] or mandibular protrusion (reverse overjet) greater than 3.5mm [begin underlinewith masticatory and speech difficultiesend underline]. Indicate an 'X' if present and score no further

HLD Score \_\_\_\_\_

THE REMAINING CONDITIONS MUST SCORE 26 OR MORE TO QUALIFY

6B. Overjet equal to or less than 9 mm

HLD Score \_\_\_\_\_

7. Overbite in mm

HLD Score \_\_\_\_\_

8. Mandibular protrusion (reverse overjet) equal to or less than 3.5 mm

\_\_\_\_\_ x 5 = HLD Score \_\_\_\_\_

9. Open bite in mm

\_\_\_\_\_ x 4 = HLD Score \_\_\_\_\_

IF BOTH ANTERIOR CROWDING AND ECTOPIC ERUPTION ARE PRESENT IN THE ANTERIOR PORTION OF THE SAME ARCH,

SCORE ONLY THE MOST SEVERE CONDITION. DO NOT COUNT BOTH CONDITIONS.

10. Ectopic eruption (Identify by tooth number, and count each tooth, excluding third molars) tooth numbers \_\_\_\_\_ total \_\_\_\_\_ x 3 = HLD Score \_\_\_\_\_

11. Anterior crowding (Score one for MAXILLA, and/or one for MANDIBLE)

Maxilla \_\_\_\_\_ Mandible \_\_\_\_\_ Total \_\_\_\_\_ x 5 = HLD Score \_\_\_\_\_

12. Labio-Lingual spread in mm

HLD Score \_\_\_\_\_

13. Posterior unilateral crossbite (must involve two or more adjacent teeth, one of which must be a molar. No score for bi-lateral posterior crossbite) Score 4

HLD Score \_\_\_\_\_

TOTAL HLD SCORE:

IF A PATIENT DOES NOT SCORE 26 OR ABOVE [begin emphasis]NOR MEETS ONE OF THE SIX AUTOMATIC QUALIFYING CONDITIONS[end emphasis], HE/SHE MAY BE ELIGIBLE UNDER THE EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT – SUPPLEMENTAL SERVICES (EPSDT–SS) EXCEPTION IF MEDICAL NECESSITY IS DOCUMENTED.

EPSDT–SS EXCEPTION: (Indicate with an ‘X’ and attach medical evidence and appropriate documentation for each of the following eight areas on a separate piece of paper [begin emphasis]IN ADDITION TO COMPLETING THE HLD SCORE SHEET ABOVE[end emphasis].)

- a) Principal diagnosis and significant associated diagnosis; and
- b) Prognosis; and
- c) Date of onset of the illness or condition and etiology if known; and
- d) Clinical significance or functional impairment caused by the illness or condition; and
- e) Specific types of services to be rendered by each discipline associated with the total treatment plan; and
- f) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals; and
- g) The extent to which health care services have been previously provided to address the illness or condition, and results demonstrated by prior care; and
- h) Any other documentation which may assist the Department in making the required determinations.

## HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX CALIFORNIA MODIFICATION SCORING INSTRUCTIONS

The intent of the HLD index is to measure the presence or absence, and the degree, of the handicap caused by the components of the Index, and not to diagnose 'malocclusion.' All measurements are made with a Boley Gauge (or a disposable ruler) scaled in millimeters. Absence of any conditions must be recorded by entering '0.' (Refer to the attached score sheet.)

The following information should help clarify the categories on the HLD Index:

1. Cleft Palate Deformity: Acceptable documentation must include at least one of the following: 1) diagnostic casts; 2) intraoral photograph of the palate; 3) written consultation report by a qualified specialist or Craniofacial Panel) Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)
2. Cranio-facial Anomaly: (Attach description of condition from a credentialed specialist) Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)
3. Deep Impinging Overbite: Indicate an 'X' on the score sheet when lower incisors are destroying the soft tissue of the palate and tissue laceration and/or clinical attachment loss are present. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
4. Crossbite of Individual Anterior Teeth: Indicate an 'X' on the score sheet when clinical attachment loss and recession of the gingival margin are present. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
5. Severe Traumatic Deviation: Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Indicate an 'X' on the score sheet and attach documentation and description of condition. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
- 6A Overjet greater than 9mm [begin underlinewith incompetent lips[end underline] or mandibular protrusion (reverse overjet) greater than 3.5mm [begin underlinewith masticatory and speech difficulties[end underline]: Overjet is recorded with the patient's teeth in centric occlusion and is measured from the labial of the lower incisors to the labial of the corresponding upper central incisors. This measurement should record the greatest distance between any one upper central incisor and its corresponding lower

central or lateral incisor. If the overjet is [begin emphasis]greater[end emphasis] than 9mm [begin underline]with incompetent lips[end underline] or mandibular protrusion (reverse overjet) is greater than 3.5mm [begin underline]with masticatory and speech difficulties[end underline], indicate an 'X' and score no further. (This condition is automatically considered to be a handicapping malocclusion without further scoring. [begin underline]Photographs shall be submitted for this automatic exception[end underline].)

6B Overjet equal to or less than 9mm: Overjet is recorded as in condition #6A above. The measurement is rounded off to the nearest millimeter and entered on the score sheet.

7. Overbite in Millimeters: 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 score sheet. ('Reverse' overbite may exist in certain conditions and should be measured and recorded.)

8. Mandibular Protrusion (reverse overjet) equal to or less than 3.5mm: Mandibular protrusion (reverse overjet) is recorded as in condition #6A above. The measurement is rounded off to the nearest millimeter. Enter on the score sheet and multiply by five (5).

9. Open Bite in Millimeters: This condition is defined as the absence of occlusal contact in the anterior region. It is measured from incisal edge of a maxillary central incisor to incisal edge of a corresponding mandibular incisor, in millimeters. The measurement is entered on the score sheet and multiplied by four (4). In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.

10. Ectopic Eruption: Count each tooth, excluding third molars. Each qualifying tooth must be more the 50% blocked out of the arch. Count only one tooth when there are mutually blocked out teeth. Enter the number of qualifying teeth on the score sheet and multiply by three (3). If anterior crowding (condition #11) also exists in the same arch, score the condition that scores the most points. DO NOT COUNT BOTH CONDITIONS. However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

11. Anterior Crowding: Arch length insufficiency must exceed 3.5mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Score one (1) for a crowded maxillary arch and/or one (1) for a crowded mandibular arch. Enter total on the score sheet and multiply by five (5). If ectopic eruption (condition #10) exists in the anterior region of the same arch, count the condition that scores the most points. DO NOT COUNT BOTH CONDITIONS. However,

posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

12. Labio-Lingual Spread: A Boley Gauge (or a disposable ruler) is used to determine the extent of deviation from a normal arch. 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 anterior tooth and the most lingually displaced adjacent anterior tooth is measured. In the event that 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 score sheet.

13. 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. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the score sheet. **NO SCORE FOR BI-LATERAL CROSSBITE.**