

Hewlett Packard Enterprise - Nevada Medicaid and Nevada Check Up
Handicapping Labio-Lingual Deviation (HLD) Index Report

Provider Name: _____ NPI: _____

Recipient Name: _____ Recipient Medicaid ID: _____

Requesting provider must verify the following in order for the patient to qualify for orthodontia:

- a. The patient has had all dental work completed: Yes No
- b. Patient Oral Hygiene: Good Fair Poor

Instructions: (Assistance from a recorder/hygienist is recommended.)

1. Enter the requested provider and recipient information above. Provider must sign and date at the bottom.
2. A detailed Treatment Plan is required to be submitted with this form. See pages 2 and 3 for detailed information to be included in the plan.
3. Position the recipient's teeth in centric occlusion.
4. Record all measurements in the order given and round off to the nearest millimeter (mm).
5. ENTER A SCORE OF "0" IF A CONDITION IS ABSENT.
6. Diagnostic photographs or **photos** of diagnostic models demonstrating measurements must be submitted for prior authorization. *Diagnostic photographs means photographs that are clear enough to diagnose from.*

Automatic Qualifying Conditions (Medical/Dental Record verification required)	HLD Score
Cleft palate deformities (Indicate an "X" if present and score no further.)	
Deep impinging overbite WHEN LOWER INCISORS ARE DESTROYING THE SOFT TISSUE OF THE PALATE (tissue destruction of the palate must be clearly visible in mouth and reproducible and visible. The lower teeth must be clearly touching the palate and there must be clear evidence of damage visible on the submitted documentation; touching or slight indentations do not qualify.) (Indicate an "X" if present and score no further.) A photo of the mounted casts from the lingual view demonstrating the impingement must be included.	
Individual anterior teeth crossbite WHEN DESTRUCTION OF SOFT TISSUE IS PRESENT (destruction of soft tissue must be clearly visible in the mouth and reproducible and visible. A minimum of 1.5mm of tissue recession must be evident to qualify as soft tissue destruction in anterior crossbite cases. Please attach periodontal charting for area in question indicating recession, probing depth, mobility and clinical attachment loss of tooth in question.) (Indicate an "X" if present and score no further.)	
Attach description of any severe traumatic deviations. 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.)	
Cranio-facial anomaly with significant dental complications. REQUIRES CERTIFICATION (Attach report from the diagnosing specialist indicating the diagnosis, the severity and scope of diagnosis, and the resulting complications including effect of the diagnosis on occlusion, oral health and oral function.) (Indicate an "X" if present, attach report, and score no further.)	
Surgical Malocclusion with orthognathic surgery. (This does not include extractions for spacing. Examples include Bilateral Sagittal Split Osteotomy (BSSO), Surgically Assisted Rapid Palatal Expansion (SARPE), and Lefort Osteotomy.) Attach report indicating surgical treatment plan and orthodontic plan to manage surgical malocclusion. (Indicate an "X" if present, attach report, and score no further.)	
Anterior Tooth Impaction of a non-supernumery tooth. (Indicate an "X" if present and score no further.) Posterior impactions should be scored as ectopic eruption.	
Overjet greater than 9mm or reverse overjet greater than 3.5 mm. Please note that a photo of the mounted cast with a periodontal probe, boley gauge, or disposable ruler demonstrating the measurement of overjet >9mm or reverse overjet >3.5mm must be included for automatic qualification. (Indicate an "X" if present and score no further.)	

Score each condition in this section that applies according to examination findings using the HLD Index Scoring Instructions	HLD Score
Overjet in mm beyond 2mm	
Overbite in mm beyond 2mm	
Mandibular protrusion in mm	_____ x 5 = _____
Open bite in mm	_____ x 4 = _____
If both ectopic eruption and anterior crowding are present in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.	
Ectopic eruption: Count each tooth, excluding third molar, and identify each tooth in ectopic eruption. Each qualifying tooth must be more than 50% blocked. Do not double score. ONLY score the more serious condition.	_____ x 3 = _____
Crowding: Arch length insufficiency must exceed 3.5 mm. Measure Arch Length Insufficiency for MAXILLA and for MANDIBLE; Add measurements together, subtract 6mm. Mark the resulting score. Do not double score. ONLY score the more serious condition.	_____ - 6 = _____
If the recipient has a posterior unilateral crossbite involving two or more adjacent teeth, one of which is a molar, enter/score a "4" for this item.	
Individual anterior tooth in crossbite WITHOUT soft tissue destruction. Count each tooth.	_____ x 2 = _____
Total Score: _____	

An HLD Index score of 30 or above may qualify for Orthodontic treatment; a recipient who does not score an HLD Index of 30 or above may be eligible for service under the Healthy Kids (EPSDT) exception. Orthodontic treatment must be medically necessary and at a minimum include relief of pain, infection, restoration of teeth, and maintenance of dental health (1503.1A.2). To request a Healthy Kids exception, a detailed Treatment Plan is required. The Treatment Plan must include the following information:

1. Principal diagnosis and significant associated diagnosis
2. Prognosis
3. Date of onset of the illness or condition and etiology, if known
4. Clinical significance or functional impairment caused by the illness or condition
5. Specific services to be rendered by each discipline and anticipated time for achievement of goals
6. Therapeutic goals to be achieved by each discipline and anticipated time for achievement of goals
7. Extent of previous services that were provided to address the illness/condition and results of the prior care
8. Any other documentation available which may assist Hewlett Packard Enterprise in making the determination

I certify under the pains and penalties of perjury that I am the referring provider identified below. Any attached statement on my letterhead has been reviewed and signed by me. I certify that the medical necessity information on this form is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Referring/Prescribing provider's signature: _____
(Signature and date stamps, or the signature of anyone other than the provider, are not acceptable)

Printed name of referring/prescribing provider: _____

Date: _____

Handicapping Labio-Lingual Deviation Index Scoring Instructions

The intent of the Handicapping Labio-Lingual Deviation (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 attached score sheet).**

The following information helps to clarify the categories on the HLD Index Report:

Cleft Palate Deformities: Indicate an "X" on the score sheet and do not score any further if present. This condition is considered to be a handicapping malocclusion.

Deep Impinging Overbite: Indicate an "X" on the score sheet when lower incisors are destroying the soft tissue of the palate and do not score any further. Tissue destruction of the palate must be clearly visible in mouth. It must be reproducible and visible. The lower teeth must be clearly touching the palate and there must be clear evidence of damage visible on the submitted documentation; touching or slight indentations do not qualify. **A photo of the mounted casts from the lingual view demonstrating the impingement must be included.** This condition is considered to be a handicapping malocclusion. It is strongly recommended that you submit a clear, well lit, color photo of the maxillary arch that clearly demonstrates the soft tissue damage from the deep impinging overbite.

Individual Anterior Teeth Crossbite: Indicate an "X" on the score sheet when destruction of soft tissue is present and do not score any further. Do not mark individual teeth in crossbite for patients with a reverse overjet. Instead, score the amount of mandibular protrusion on the HLD index. Destruction of soft tissue must be clearly visible in the mouth and reproducible and visible. A minimum of 1.5mm of tissue recession must be evident to qualify as soft tissue destruction in anterior crossbite cases. This condition is considered to be a handicapping malocclusion.

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

Individual Anterior Crossbite WITHOUT Soft Tissue Damage: Where individual teeth are in crossbite bite but no soft tissue damage is evident, count each Individual anterior tooth that is completely in crossbite. Soft tissue damage is when clinical attachment loss and recession of the gingival margin of at least 1.5mm are present. Do not use this for reverse overjet. Do not score teeth in edge to edge occlusion.

Severe Traumatic Deviations: Traumatic deviations include loss of a premaxilla segment by burns or by accident, the result of osteomyelitis or other gross pathology. Supporting documentation explaining and illustrating the deviation resulting from trauma or damage from gross pathology must be attached for this condition to be considered. Indicate with an "X" on the score sheet, attach documentation of condition, and do not score any further. This condition is considered to be a handicapping malocclusion.

Cranio-facial Anomaly: REQUIRES CERTIFICATION (Attach report from the "diagnosing specialist" indicating the diagnosis, the severity and scope of diagnosis, and the resulting complications including effect of the diagnosis on occlusion, oral health, and oral function.) Examples of cranio-facial anomalies include cleft lip, cleft palate, hemifacial microsomia, deformational plagiocephaly. These would not include normal or skeletal malocclusion.

Surgical Malocclusion with orthognathic surgery: (This does not include extractions for spacing. Examples include B.S.S.O., S.A.R.P.E., and Lefort Osteotomy) Attach report indicating surgical treatment plan, and orthodontic plan to manage surgical malocclusion.

Anterior Tooth Impaction: Anterior impactions include central incisors, lateral incisors, and canines in the maxillary and mandibular arches. Must be obviously impacted against roots of an adjacent tooth. An unerupted tooth will not be considered impacted. Indicate with an "X" on the score sheet, attach documentation of condition, and do not score any further. This condition is considered to be handicapping malocclusion. Posterior impactions should be scored as ectopic eruption.

Overjet greater than 9mm/Reverse overjet greater than 3.5 mm: Overjet 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. If the measurement is greater than 9 mm, indicate an "X" and score no further. Reverse overjet 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. If the reverse overjet is greater than 3.5 mm, indicate an "X" and score no further. If the reverse overjet is not greater than 3.5 mm, score under the "Mandibular Protrusion in Millimeters".

Overjet in Millimeters: This is recorded with the recipient's teeth in centric occlusion and measured from the labial portion of the lower incisors to the labial of the upper incisors. The measurement may apply to a protruding single tooth as well as to the whole arch. Round this measurement to the nearest millimeter and enter amount over a normal overjet of 2mm on the score sheet.

Overbite in Millimeters: A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. Round off to the nearest millimeter and enter the amount over a normal overjet of 2mm on the score sheet. "Reverse" overbite may exist in certain conditions and should be measured and recorded.

Mandibular Protrusion in Millimeters: Score exactly as measured from the labial of the lower incisor to the labial of the upper incisor. The measurement in millimeters is entered on the score sheet and multiplied by five (5). A reverse overbite, if present, should be shown under "overbite."

Open Bite in Millimeters: This condition is defined as the absence of occlusal contact in the anterior region. It is measured from edge to edge in millimeters. Enter the measurement on the score sheet and multiply 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.

Ectopic Eruption: Count each tooth, excluding third molars, and identify each tooth in ectopic eruption. Enter the number of teeth on the score sheet and multiply by three (3). If anterior crowding is present with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition. **DO NOT SCORE BOTH CONDITIONS.**

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. Add measurements together, subtract 6mm. Mark the resulting score. Do not double score. **ONLY score the more serious condition. DO NOT SCORE BOTH CONDITIONS.**