

Delaware Guidance for Scoring Orthodontic Cases using the HDL Index, First 5 are exceptions

- 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. 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. Tissue indentations or other damage *must* be visible on the study models and photographs. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
- 3. Crossbite of Individual Anterior Teeth:** Indicate an 'X' on the score sheet when clinical attachment loss and recession of the gingival margin are present. Damage of soft tissue *must* be clearly visible in the mouth and reproducible and visible on the study models. Gingival recession *must* be at least 1½ mm deeper than the adjacent teeth. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
- 4. 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.)
- 5. Overjet greater than 9mm or mandibular protrusion (reverse overjet) greater than 3.5mm with lip incompetence:** 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 greater than 9mm or mandibular protrusion (reverse overjet) is greater than 3.5mm, indicate an 'X' and score no further. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
- 6. Overjet equal to or less than 9mm:** Overjet is recorded as in condition. This recorded with the patient's teeth in centric occlusion and is measured from the labial surface of a lower incisor to the labial surface of an upper central incisor. Measure parallel to the occlusal plan. **Do not use the upper lateral incisors or cuspids.** The measurement may apply to only one (1) tooth if it is severely protrusive. 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. Hold the pencil parallel to the occlusal plane when marking and use the incisal edge of one of the upper central incisors. **Do not use the upper lateral incisors or cuspids.** The measurement is done on the lower incisor from the incisal edge to the pencil mark. .('Reverse' overbite may exist in certain conditions and should be measured and recorded.) Do *not* record overbite and open bite on the same patient.
- 8. Mandibular Protrusion (reverse overjet) equal to or less than 3.5mm:** Mandibular protrusion (reverse overjet). Reverse overjet is measured from the labial surface of a lower incisor to the labial surface of an upper central incisor. Do *not* use the upper lateral incisors or cuspids for this measurement. Do *not* record mandibular protrusion (reverse overjet) and overjet on the same patient.

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 than 50% blocked out of the arch. Count only one tooth when there is 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. **BI-LATERAL CROSSBITE SCORES THE SAME AS UNILATERAL CROSSBITE.**

DELAWARE SPECIAL DENTAL ORTHODONTIC EVALUATION

Derived from California Modification of the Handicapping Labiolingual Deviation
{HLD (CalMod)} Index

Name: _____ Medicaid ID # _____
Age: _____ Sex: M / F Provider Name: _____

Comprehensive Orthodontics Billing Provider NPI: _____

FOLLOW GUIDANCE ON FIRST TWO PAGES FOR INFORMATION ON SCORING AND EXCEPTIONS

	CONDITION	SCORE	EXCEPTION
1.	Cleft palate deformity: score no further if present: Include evaluation from surgeon		
2.	Deep impinging overbite: Soft tissue destruction of the palate must be visible		
3.	Crossbite of individual anterior teeth: When soft tissue destruction is present and visible		
4.	Severe traumatic deviations: Not to be used for impactions/note in comment if impaction qualifies		
5.	Overjet greater than 9 mm with incompetent lips or reverse overjet greater than 3.5 mm		
6.	Overjet (mm)		
7.	Overbite (mm)		
8.	Mandibular protrusion (mm) x 5		
9.	Openbite (mm) x 4		
10.	Ectopic eruption (# of teeth x 3) See guidance for scoring ectopic and anterior crowding		
11.	Anterior crowding (score 5 when crowding > 3.5 mm per arch) MX MN		
12.	Labiolingual spread (mm)		
13.	Posterior unilateral crossbite (involving molar): score 4 if present		
TOTAL SCORE			
Additional Comments _____			

Clients Oral Hygiene: Excellent Good Fair Poor

Clients General Dentist Name: _____

Client has no active caries and has received routine dental care. Yes No

Items below to be filled out by DMMA dental orthodontic consultant only.

APPROVED EXCEPTION DENIED

COMMENTS:

