DRAFT HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX
COLORADO MODIFICATION SCORE SHEET FOR COMPREHENSIVE ORTHODONTICS

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

PROVIDER NAME: _____ PATIENT NAME: _____

MEDICAID PROVIDER BILLING NUMBER: _____ CLIENT MEDICAID NUMBER: _____

DATE OF ASSESSMENT: _____

- 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

Conditions #1-7 ARE AUTOMATIC QUALIFYING CONDITIONS (RECORD VERIFICATION IS STILL REQUIRED)

1. Cleft palate deformity with significant dental complications—REQUIRES CERTIFICATION
   (EXCLUSION: the cleft does not involve the teeth or premaxilla)
   →Indicate an "X" if present and score no further 1. _____
2. Cranio-facial anomaly with significant dental complications—REQUIRES CERTIFICATION
   (ATTACH description of condition from a specialist)
   →Indicate an "X" if present and score no further 2. _____
3. Impingement of the lower incisors that is clearly handicapping
   DESTRUCTION OF 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 3. _____
4. Crossbite of permanent anterior teeth
   WHEN CLINICAL ATTACHMENT LOSS AND RECESSION OF THE GINGIVAL MARGIN ARE PRESENT
   →Indicate an "X" if present and score no further 4. _____
5. Severe traumatic deviation
   (ATTACH description of condition, e.g. 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 5. _____
6. Overjet greater than 9 mm or reverse overjet greater than 3 mm
   →Indicate an "X" if present and score no further 6. _____
7. Surgical Malocclusion with orthognathic surgery—BY REPORT
   →Indicate an "X" if present and score no further 7. _____

THE REMAINING CONDITIONS MUST SCORE 30 OR MORE COMBINED TO QUALIFY **HLD SCORE**

8. Overjet in mm if less than 9 mm (enter the actual number of mm)	8.	
9A. Overbite in mm	9A.	
9B. Physical contact of tooth to soft tissue (SCORE AS 5 IF CONDITION PRESENT)	9B	
10A. Reverse overjet of 3 mm or less (enter actual number of mm)	10A.	X 5 =
10B. Number of anterior teeth in crossbite	10B.	
11. Open bite (enter the actual number in mm)	11.	X 5 =
12. Missing maxillary anterior tooth/teeth (SCORE 5 POINTS IF CONDITION PRESENT)	12.	
13. Number of impacted teeth requiring exposure (EXCLUDING third molars)	13.	X 5 =

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)

14. Posterior crowding/ectopic eruption (identify the tooth number and count each tooth EXCLUDING third molars) _____ (tooth numbers) _____ (total) 14. X 5 = _____
15. Anterior crowding ≥3. 5 mm (SCORE 1 FOR MAXILLA AND/OR 1 FOR MANDIBLE) _____ (maxilla) _____ (mandible) _____ (total) 15. X 5 = _____
16. Labio-Lingual spread in mm 16. _____
17. Posterior bilateral/unilateral crossbite (must involve two or more adjacent teeth, including a permanent molar) (SCORE AS 5 IF CONDITION PRESENT) 17. _____

TOTAL SCORE _____

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IF A PATIENT DOES NOT SCORE 30 OR GREATER NOR MEETS ONE OF THE SEVEN AUTOMATIC QUALIFYING CONDITIONS, 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 nine areas on a separate piece of paper IN ADDITION TO COMPLETING THE HLD SCORE SHEET ABOVE.)

1) Principal diagnosis and significant associated diagnosis; and
2) Prognosis; and
3) Date of onset of the illness or condition and etiology if known; and
4) Clinical significance or functional impairment caused by the illness or condition; and
5) Specific types of services to be rendered by each discipline associated with the total treatment plan; and
6) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals; and
7) The extent to which health care services have been previously provided to address the illness or condition, and results demonstrated by prior care; and
8) Any other documentation which may assist the Department in making the required determinations.
9) TMD is excluded as an exception

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