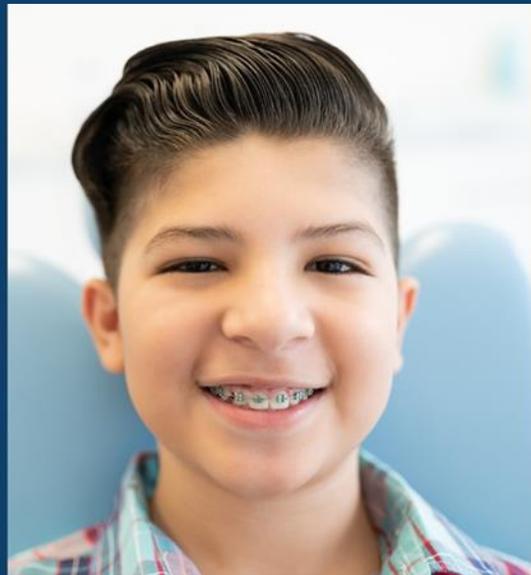


# Orthodontic Screening Guide for North Dakota Medicaid EPSDT



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Health & Human Services

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**American Association of Orthodontists**

<https://aaoinfo.org/>

**American Academy of Pediatrics & American Dental Association**

<https://www.aap.org/en/patient-care/oral-health/oral-health-image-gallery>

**American Dental Association & Mouth Healthy**

<https://www.mouthhealthy.org/all-topics-a-z/eruption-charts>

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**This guide is also available online at:**

- <https://www.hhs.nd.gov/health/oral-health-program/oral-health-resources-health-professionals>
- <https://www.hhs.nd.gov/medicaid/wellness/visits/provider>

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## Preface

This guide was written to assist North Dakota Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screeners in understanding orthodontic terminology and to establish basic guidelines for screening and referral. EPSDT Screeners are physicians, nurse practitioners, physician assistants, nurses and dental providers in any clinical setting. The information presented in the guide covers only the malocclusions used in the North Dakota EPSDT limited (previously referred to as interceptive) and comprehensive orthodontic indexes. The guide includes basic suggestions for orthodontic screening procedures.

## Introduction

Orthodontic treatment includes diagnosis, prevention, and treatment of dental and facial irregularities. These irregularities often take the form of malocclusions or problems with the way the teeth fit together. In most cases, malocclusion is hereditary, caused by differences in the size of the teeth and jaw. Sometimes it is the result of habits such as finger or thumb sucking, tongue thrusting, mouth breathing, or losing baby teeth too soon.

More than half of children 12 to 17 years of age suffer from malocclusions that can be corrected with orthodontic treatment. In some cases, mild malocclusions primarily affect appearance.

More severe cases of malocclusion can interfere with chewing ability; create tension and pain in jaw joints, and result in facial deformities leading to emotional problems. Crowded or crooked teeth are more difficult to clean and can lead to increased tooth decay or periodontal disease. ND Medicaid EPSDT screening for orthodontic problems is important, so referral for treatment can be accomplished.

There is a lack of uniformly acceptable standards defining the degree of deviation from ideal occlusion severe enough to be considered an orthodontic problem. The Department of Health & Human Services' Medical Services Section and Oral Health Program developed this guide to assist in training ND Medicaid (EPSDT) screeners and standardize oral screening procedures performed statewide. The information outlined in this guide is provided for screening and referral information purposes only and should not be interpreted as a diagnosis or treatment plan. This information is not meant to be a substitute for a licensed dentist's advice and should not be used for diagnosing a dental condition.

## Training Objectives

- Understand basic orthodontic terminology.
- Understand basic treatment options under the ND Medicaid EPSDT benefit.
- Recognize normal occlusion and malocclusions.
- Estimate the degree of abnormality measured in millimeters.

- Given an abnormal condition, estimate if the client meets the eligibility criteria set forth in the orthodontic indexes.
- Recognize attitudes and behaviors that may contraindicate orthodontic treatment.

## Orthodontic Treatment Options Under ND Medicaid

Orthodontic treatment under the North Dakota Medicaid Program includes the following treatment options:

- Cleft Lip or Cleft Palate – immediate referral or
- Limited Orthodontic Treatment – early treatment of developing malocclusions or
- Comprehensive Orthodontic Treatment – improvement of craniofacial (head, skull, or facial bone) dysfunction and/or dentofacial (face, teeth, and jaw) abnormalities.

### Cleft Lip or Cleft Palate

Cleft lip or cleft palates are automatically referred regardless of age.

### Limited Orthodontic Treatment

Limited orthodontic treatment is the early treatment of developing malocclusions. The purpose of limited orthodontic treatment is to lessen the severity of the developing malocclusion. Limited treatment does not preclude the need for further treatment at a later age.

The presence of complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions requiring present or future comprehensive therapy is beyond the realm of limited therapy. Early phases of comprehensive therapy may utilize some procedures involved in the limited phase in otherwise normally developing dentition, but such procedures are not considered limited. Limited orthodontic treatment under the North Dakota Medicaid Program will include only treatment of anterior and posterior crossbites and minor treatment for tooth guidance in the transitional dentition. Limited treatment is not part of the comprehensive treatment plan. Treatment typically begins at age six or older. Points are not necessary in the limited screening process.

### Comprehensive Orthodontic Treatment

Under the North Dakota Medicaid Program, this includes treatment of handicapping malocclusions in the transitional or adolescent dentition leading to improvement in the patient's craniofacial (head, skull, or facial bone) dysfunction and /or dentofacial (teeth, jaw, or face) abnormalities. Treatment may incorporate several phases with specific objectives at various stages of dentofacial (teeth, jaw, or face) development. Treatment usually includes fixed orthodontic appliances (braces) and may also include procedures such as extractions and maxillofacial surgery.

Eligibility for treatment is determined by using an orthodontic index. Children must have 20 or more points on an evaluation to be eligible for treatment and is begun when a child is approximately 10 years old or older but no older than 20 years of age.

Consideration may be given if the index is between 18 and 20 points, and the treating provider submits x-rays, photos, and a narrative description to the North Dakota Medicaid Program Dental Consultant for review.

**The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.**

## Orthodontic Screening

Orthodontic screening is a visual inspection aided by this guide using a tongue blade and orthodontic ruler or gauge. The screening identifies children with occlusion abnormalities and is not considered a diagnostic examination. Based on the eligibility criteria set forth by the North Dakota Medicaid EPSDT benefit outlined in this guide, children will be referred to an enrolled dental provider for a complete orthodontic evaluation.

### When to Start Screening Children for Orthodontic Referral

#### Cleft Lip or Cleft Palate

No need to screen children of all ages. Refer to an orthodontist immediately regardless of age.

#### Limited Orthodontic Treatment

Children ages 7 to 10 should be screened for a limited orthodontic referral. Conditions to be referred are anterior crossbite, posterior crossbite, and ectopic (mal positioned) incisor.

#### Comprehensive Orthodontic Treatment

Children, beginning at age 10, should be screened for a comprehensive orthodontic referral. By this age, many permanent teeth have erupted. Since the criteria in the current orthodontic index will allow only the most severe cases for treatment, it is most efficient to begin screening when this determination can most easily be made, ideally when all primary teeth are shed. This procedure will save time for both the screener and the enrolled provider. The screener will not complete the orthodontic screening on children too young to make a complete determination since the permanent teeth have not erupted. The enrolled provider will not complete orthodontic evaluations on children who may never come close to meeting the criteria for eligibility (20 points or more), even though they may have some degree of malocclusion.

### When to Refer Children for Orthodontic Evaluation

#### Cleft Lip or Cleft Palate

Children with cleft lip or cleft palate should be referred immediately to an orthodontist regardless of age.

## Limited Orthodontic Treatment

Children who have anterior or posterior crossbites, or ectopic (malpositioned) incisors should be referred for further orthodontic evaluation. Points are not used in the limited screening process. If any of the conditions covered under the limited treatment program are present, a referral to a participating dental provider can be made by checking the appropriate condition(s) identified on the referral form.

## Comprehensive Orthodontic Treatment

The orthodontic index sets 20 points as the minimum necessary to be eligible for orthodontic treatment. Since there will be some variability in the measurements and some malocclusions which non-dental professionals may miss, an index with 18 points should be referred along with x-rays, photos, and a narrative description in cases requiring additional consideration for unique circumstances.

## Use of Screening Results

- Based on eligibility criteria established by the North Dakota Medicaid EPSDT benefit, referrals should be made to enrolled dental providers only.
- Screening results should be shared with parents, even if the child does not meet the eligibility criteria for a referral.

## Understanding Malocclusions

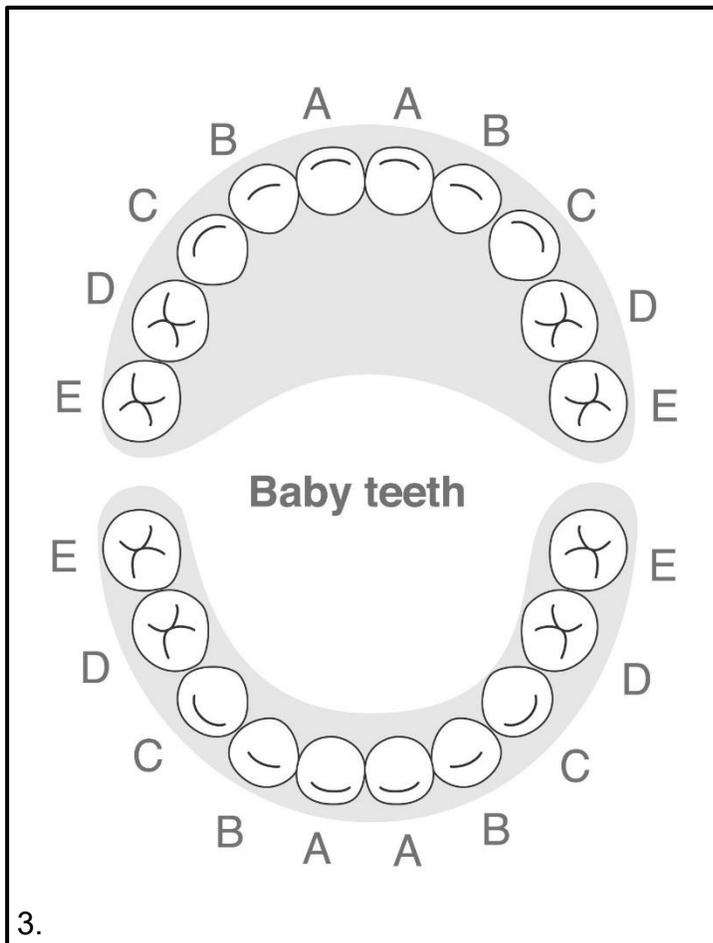
Classification of malocclusion(s) is a complex undertaking. In defining a screening procedure, a normal occlusion is defined, and deviations are recorded for evaluation as possible orthodontic problem(s). Some of the most common malocclusions used in the North Dakota Medicaid EPSDT orthodontic indexes are illustrated and described on the following pages.

Normal: All teeth in the maxillary (upper) arch are in maximum contact with the mandibular (lower) arch. The upper teeth slightly overlapping the lower teeth. The mesiofacial cusp of the maxillary permanent first molar occludes in the facial groove of the mandibular (lower) first molar.



## Eruption and Shed of Primary Teeth

### Baby Teeth Eruption Chart



#### Upper Teeth

A: Central incisor  
Erupt: 8-12 months  
Shed: 6-7 years

B: Lateral incisor  
Erupt: 9-13 months  
Shed: 7-8 years

C: Canine (cuspid)  
Erupt: 16-22 months  
Shed: 10-12 years

D: First molar  
Erupt: 13-19 months  
Shed: 9-11 years

E: Second molar  
Erupt: 25-31 months  
Shed: 10-12 years

#### Lower Teeth

E: Second molar  
Erupt: 25-31 months  
Shed: 10-12 years

D: First molar  
Erupt: 14-18 months  
Shed: 9-11 years

C: Canine (cuspid)  
Erupt: 17-23 months  
Shed: 10-12 years

B: Lateral incisor  
Erupt: 10-16 months  
Shed: 7-8 years

A: Central incisor  
Erupt: 6-10 months  
Shed: 6-7 years

## Permanent Teeth Eruption Chart

### Upper Teeth

1: Central incisor

Erupt: 7-8 years

2: Lateral incisor

Erupt: 8-9 years

3: Canine (cuspid)

Erupt: 11-12 years

4: First premolar (first bicuspid)

Erupt: 10-11 years

5: Second premolar (second bicuspid)

Erupt: 10-12 years

6: First Molar

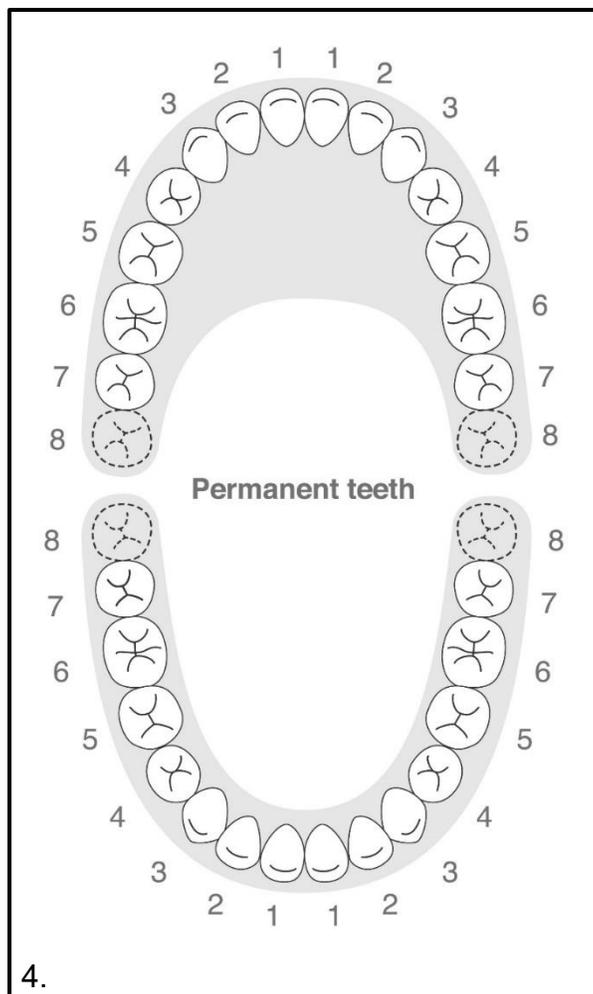
Erupt: 6-7 years

7: Second Molar

Erupt: 12-13 years

8: Third Molar (wisdom tooth)

Erupt: 17-21 years



### Lower Teeth

8: Third Molar

(wisdom tooth)

Erupt: 17-21 years

7: Second Molar

Erupt: 11-13 years

6: First Molar

Erupt: 6-7 years

5: Second premolar (second bicuspid)

Erupt: 11-12 years

4: First premolar (first bicuspid)

Erupt: 10-12 years

3: Canine (cuspid)

Erupt: 9-10 years

2: Lateral incisor

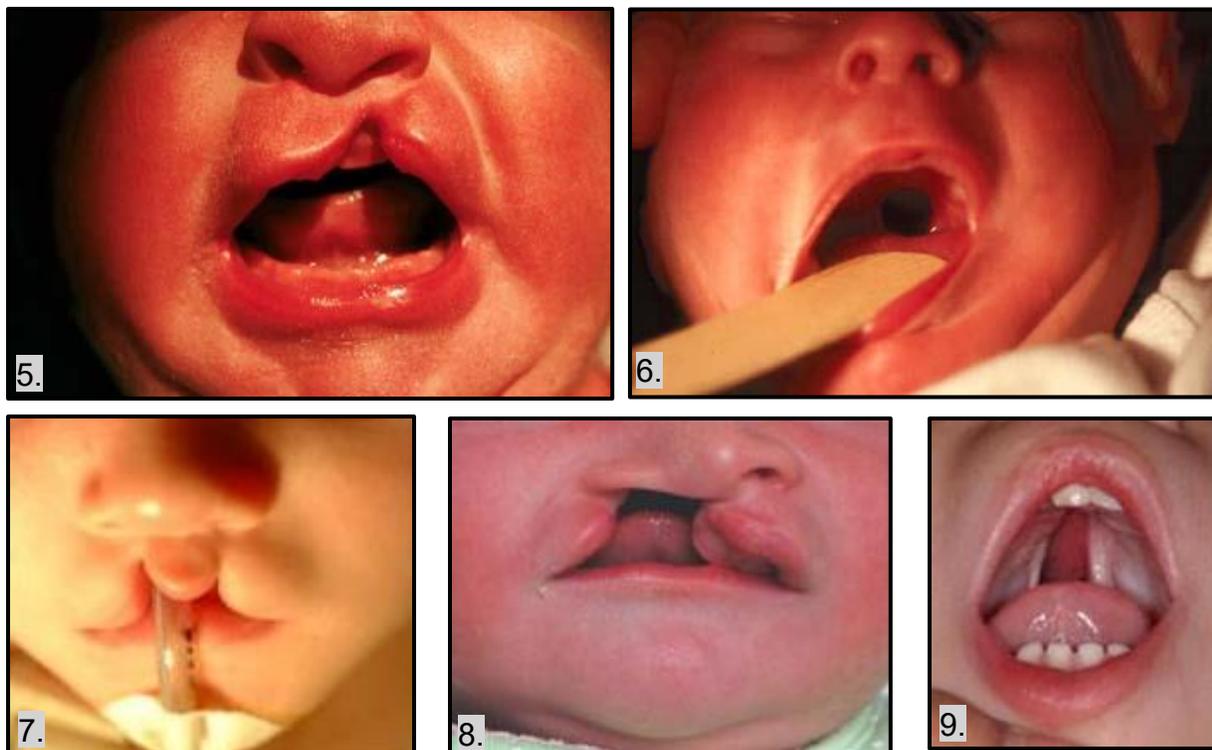
Erupt: 7-8 years

1: Central incisor

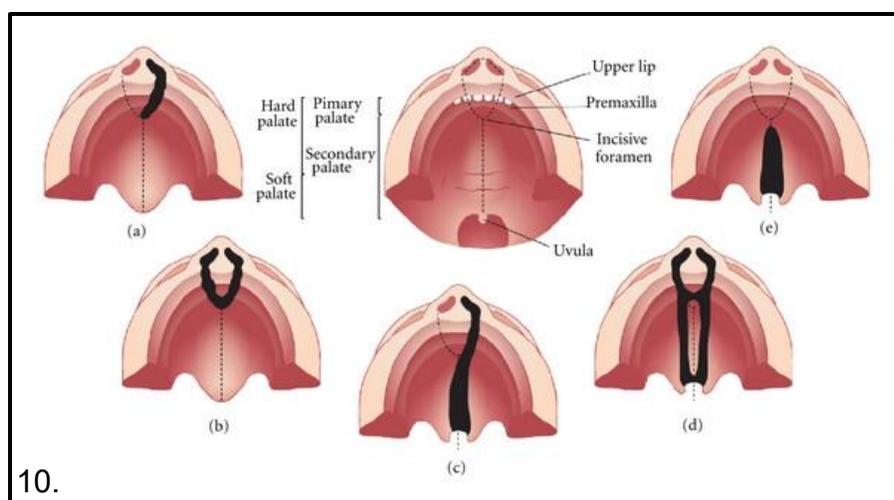
Erupt: 6-7 years

## Cleft Lip or Cleft Palate

Children with cleft lip or cleft palate should be referred immediately to an orthodontist regardless of age. No points are necessary for limited referrals.



7. Bilateral Cleft lip alone, 8. Unilateral cleft lip plus cleft palate, 9. Cleft palate alone.



Representation of the most common types of cleft affecting the palate. (a) Unilateral cleft lip with alveolar involvement; (b) bilateral cleft lip with alveolar involvement; (c) unilateral cleft lip associated with cleft palate; (d) bilateral cleft lip and palate; (e) cleft palate only.

## Positioning of Teeth for Classifying Malocclusions

The child should position his/her teeth in centric relation – the most unstrained and functional position of the jaws – how the child normally bites his/her teeth together. Some children have difficulty doing this when asked and may have a tendency to bite the front teeth edge-to-edge. To assist the child in positioning his/her teeth in centric relation, have the child place the tip of their tongue on the roof of the mouth and bite together.

## Limited Orthodontic Screening Malocclusions

Referral for a limited treatment evaluation is based on the conditions listed below. No points are necessary for a limited referral. Images courtesy of American Association of Orthodontics.

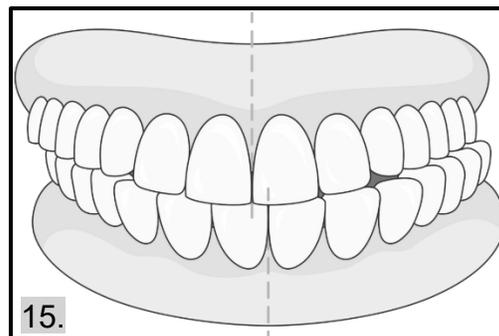
### Anterior Crossbite

Any of the upper anterior (front) teeth are lingual (inside) the lower front teeth.



## Posterior Crossbite

The upper posterior (back) teeth are lingual (inside) of the lower teeth.



## Ectopic Central Incisor

An ectopic incisor is a severely mal-positioned incisor

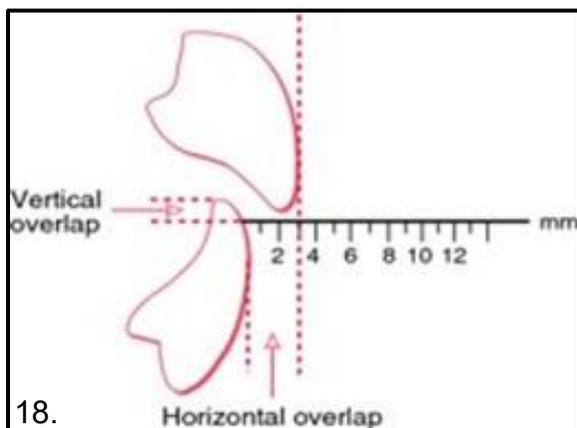


## Comprehensive Orthodontic Screening Malocclusions

### Overjet

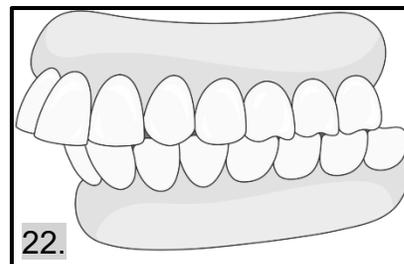
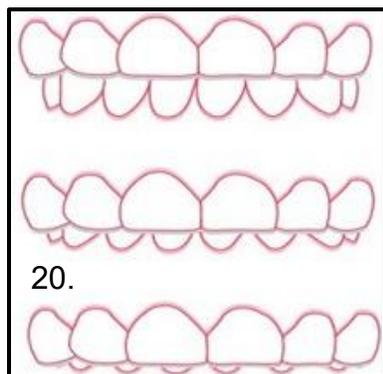
The upper front teeth are too far in front of the lower front teeth. Teeth may or may not appear crooked.

How to Measure: Record the largest horizontal overlap of the most protruding upper incisor (front tooth) with the metric ruler. Round off to the nearest millimeter, using the measuring tool horizontally.



### Overbite

The upper front teeth come down too far over the lower front teeth, sometimes causing the lower front teeth to touch the gum tissue behind the upper front teeth (upper teeth may also hit lower gums). How to measure: Record the largest overlap by measuring how far down the upper front teeth overlap or cover the lower front teeth. Round off to the nearest millimeter using the measuring tool vertically.



19-Severe overjet, 20 (top to bottom), Normal, moderate, severe overbite, 21 severe overbite

## Mandibular protrusion (mandibular overjet/bulldog bite)

The lower front teeth are too far in front of the upper front teeth.

How to measure: Record the largest overjet of the most protruding lower incisor (lower front tooth) with the metric ruler. This is a horizontal measurement.



## Anterior open bite

The anterior (front) teeth cannot be brought together, and an open space remains. There is a lack of incisal (biting surface of teeth) contact between the upper teeth and lower teeth. The image shows an anterior open bite with a posterior crossbite. Mammalons (the three bumps on the incisal edge) are often present.

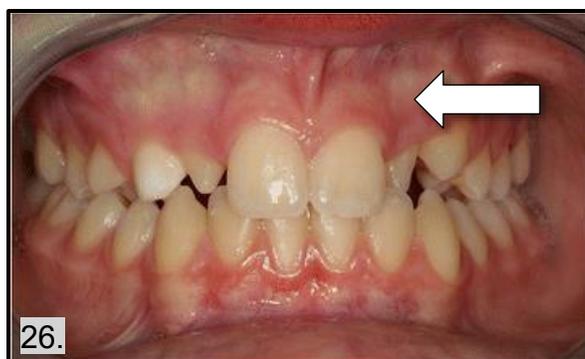
How to measure: Record the largest open bite with the metric ruler. This is a vertical measurement.



## Impacted teeth (anterior/front teeth only)

Teeth which have developed but have not erupted properly in the mouth.

How to measure: This is difficult to diagnose without an x-ray. A screener can best estimate there may be an impacted tooth if the child is beyond the age when the tooth normally erupts and there is still no sign of the tooth. Use the eruption chart as your guide (see Appendices C and D as well as the Orthodontic Screening Tool).



## Crowding

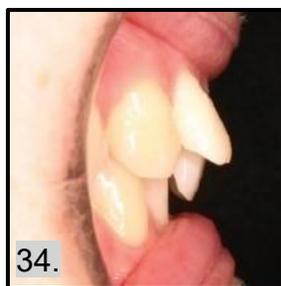
Space in the upper or lower arch is insufficient to accommodate teeth in normal alignment.

How to measure: Evaluate and record upper arch (jaw) and lower arch (jaw) separately. If less than one tooth is completely blocked out or a number of teeth are partially blocked out and do not equal more than 6 mm of space, this is recorded as moderate crowding (Reminder: jaws should be horseshoe shaped).

If one or more teeth are completely blocked out or a number of teeth are partially blocked out and the lack of space is more than 6 mm, this is recorded as severe crowding. Score the upper arch (teeth) and the lower arch (teeth) separately.

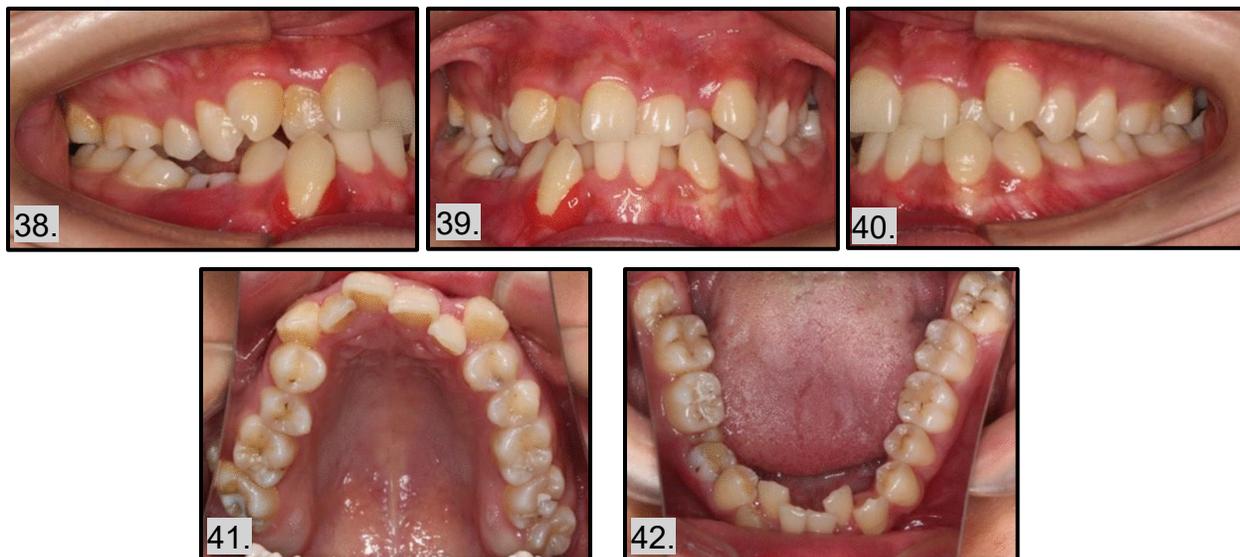
### Moderate Crowding

Less than one tooth blocked out. Some teeth may be slightly rotated or out of alignment due to lack of space. The lack of space is usually less than 6 mm.



## Severe Crowding

Insufficient space is usually more than 6 mm. One or more teeth are blocked out. A child with severe crowding will usually need extractions to create space. The lack of space can be represented by one tooth completely blocked out or by a number of teeth partially blocked out.

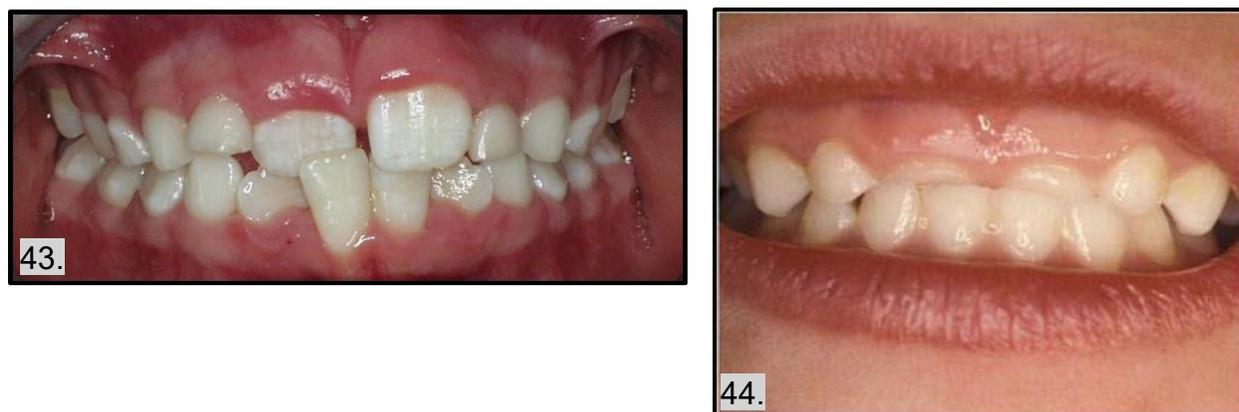


## Crossbite

How to measure: Evaluate anterior (front) and posterior (back) regions of the mouth separately. Record the number of teeth in each region that are in crossbite. Count teeth in one arch only.

### Anterior crossbite

One or more of the upper anterior (front) teeth are lingual (inside) the lower front teeth.



## Posterior crossbite

The upper posterior (back) teeth are lingual (inside) of the lower teeth.



## Habits that affect arch development

- Finger sucking and/or thumb sucking
- Tongue thrusting

A child may have a habit that causes a malocclusion or exacerbates an existing occlusion problem. You may need to question the parent to see if the child had a prolonged finger or thumb sucking habit or exhibits tongue thrusting which continued beyond age five. Tongue thrusting may be observed by watching the child swallow. The tongue will protrude between the teeth when the child swallows if he/she has a tongue thrusting habit.

How to measure: It is often difficult to determine if a finger sucking, thumb sucking, or tongue thrusting habit has affected dental arch development without the use of special diagnostic tools. If a screener observes an obvious tongue thrust or can easily determine through questioning the parent that the child had a prolonged finger or thumb sucking habit, two points should be recorded. If the open bite is central or one sided it will help to determine what is causing the open bite. Child may be using their thumb or pacifier, confirm this with the child or parent.



## Infection Control Procedures for Screening

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (Standard Precautions) have been adopted to complete orthodontic screenings in a safe and effective manner for all participants. Standard Precautions are procedures which treat all blood and certain other body fluids as though they are infected with bloodborne pathogens. These procedures always apply to blood, vaginal secretions, semen, saliva from dental procedures, and body fluid which cannot be identified, or any fluid which has visible blood present. Although Standard Precautions for blood borne exposure do not generally apply to stool, urine, drool, nasal secretions and vomit, these body fluids can spread other infections, and care should be taken in handling them. Remember, if it is wet and it is not yours; do not touch without gloves.

### Standard precautions require:

- The use of gloves and other protective equipment such as aprons or face masks (provided by employer) when staff can anticipate exposure to blood and certain other body fluids. All personal protective equipment must be removed before entering an eating area.
- Procedures for handling trash, sharp objects and linen which is soiled.
- Specific procedures and products which must be used when cleaning items and areas contaminated with blood and certain other body fluids.
- All actions that involve blood and certain other body fluids to be done in a way which minimizes splashing, spraying, and splattering. Blood-soaked material must be disposed of in a biohazard bag.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses must not be done in areas where there is possibility of exposure to blood and certain other body fluids.
- Hand washing is one of the most effective ways to prevent the spread of bloodborne pathogens. Easy to reach hand washing facilities and supplies must be provided by employer.
- Hands should be washed before and after screening each child. New gloves, metric ruler, and tongue blade should be used for each child. If dental mirrors are used, disposable mirrors are recommended. If metal mouth mirrors are used, they must be sterilized after each use. Preferred methods of sterilization are autoclave, dry heat, or chemical vapor.
- All disposable screening supplies should be placed in trash bags, tied shut, and properly disposed of according to state and local waste disposal regulations as contaminated waste.

- When workers come in contact with blood and certain other body fluids they must wash with soap and water. Hands must also be washed after removing protective gloves.
- The opportunity to receive Hepatitis B vaccine (at the expense of employer) for workers who are exposed to blood and certain other body fluids as a part of their job tasks. Employees who have refused vaccination may change their minds at any time during employment.
- If a worker is exposed to blood and certain other body fluids while on the job, he or she has the right to a medical evaluation, care and counseling related to the exposure. Specific information must be kept in the employer's file regarding the exposure. This information must be kept confidential.

## Conclusions

In public programs, the cost of screening potentially eligible clients can be minimized by having well-trained staff to obtain orthodontic index scores. Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.

In addition to orthodontic index scores, special factors may be taken into account regarding eligibility for orthodontic treatment, such as improved oral health affecting overall health; reversed malocclusion to improve chewing ability and reduce pain and discomfort; interest in improving dental appearance; willingness to undergo treatment; and compliance with the instructions of the dental provider.

This document is meant only to be a screening guide. Some cases or conditions may require additional consideration even though they do not fall in the twenty points and over range for referral. In these cases, the screener should consult with the North Dakota Medicaid Dental administrator and dental provider.

Clients may be denied services based on poor oral health. Educate parents and clients about keeping teeth and gums clean and healthy on a regular basis.

Clients may be denied services if they are not reliably able to keep monthly orthodontic appointments.

## Appendix A: Glossary

- **Adolescent dentition:**  
Stage of primary dentition prior to cessation of growth.
- **Anterior teeth:**  
Six front teeth including central incisors (2); laterals (2); cuspids or canines (2).
- **Centric relation:**  
Unstrained, functional position of the jaws – how the child normally bites his/her teeth together.
- **Comprehensive treatment:**  
Improvement of craniofacial (head, skull, or facial bones) dysfunction and/or dentofacial (face, teeth, and jaw) abnormalities.
- **Craniofacial:**  
Pertaining to the head, skull, or facial bones.
- **Dentofacial:**  
Pertaining to the teeth, jaw, or face.
- **Ectopic incisor:**  
Severely mal-positioned incisor (anterior tooth).
- **Facial:**  
Surface of the teeth facing the cheek side of the oral cavity.
- **Impacted tooth:**  
A tooth which has developed but not erupted (remains under the surface).
- **Incisal edge:**  
Biting surface of the tooth.
- **Limited referral:**  
Early treatment of developing malocclusions.
- **Lingual:**  
Surface of the teeth facing the tongue or inside of the oral cavity.
- **Malocclusion:**  
A deviation from the ideal normal centric relationship of teeth.
- **Mandibular arch:**  
Lower (teeth) dental arch.
- **Maxillary arch:**  
Upper (teeth) dental arch.
- **Occlusion:**  
Contact point at which the upper arch teeth touch the lower arch teeth.
- **Orthodontic treatment:**  
Diagnosis, prevention, and treatment of dental and facial irregularities.

- **Overbite:**  
Extension of the upper anterior (front) teeth over the lower anterior (front) teeth when jaws are closed normally.
- **Overjet:**  
Extension of the upper anterior (front) teeth beyond the lower anterior (front) teeth causing a horizontal gap when the jaws are closed normally.
- **Posterior teeth:**  
Premolars (bicuspid) and molars (back teeth).
- **Transitional dentition:**  
Final phase of the transition from primary to permanent teeth in which primary teeth are shedding and permanent teeth are emerging.

## Appendix B: Screening Supplies

- Hand sanitizer
- Disposable gloves
- Tongue blade/suppressor and/or dental mirror
- Flashlight or penlight (optional)
- Flexible metric ruler in millimeters can be ordered from:
  - Henry Schein 1.800.472.4346
  - Ormco [www.ormco.com](http://www.ormco.com)
  - Patterson Dental  
P.O. Box 2246; 523 N. 7th Street Fargo, ND 58108  
701.235.7387
- Screening form
- Pencil
- Trash bags

## Appendix C: Reference Guide for ND Medicaid EPSDT Orthodontic Screening

### Cleft Lip or Cleft Palate

- Children of all ages
- No point system required
- Immediate referral to an orthodontist

### Limited Ortho Screening

- Children ages 7 to 10
- No point system
- Conditions referred:
  - Anterior crossbite
  - Posterior crossbite
  - Ectopic (malformed) incisor

### Comprehensive Ortho Screening

- Children beginning at age 10 through age 20
- Children with 20 or more possible points eligible for treatment
- Conditions considered in point system for referral to an orthodontist:
  - Overjet
  - Overbite
  - Mandibular protrusion (mandibular overjet)
  - Anterior open bite
  - Impacted teeth (anterior teeth only)
  - Crowding
  - Anterior crossbite
  - Posterior crossbite
  - Tongue thrusting, finger, or thumb sucking

## Additional Considerations

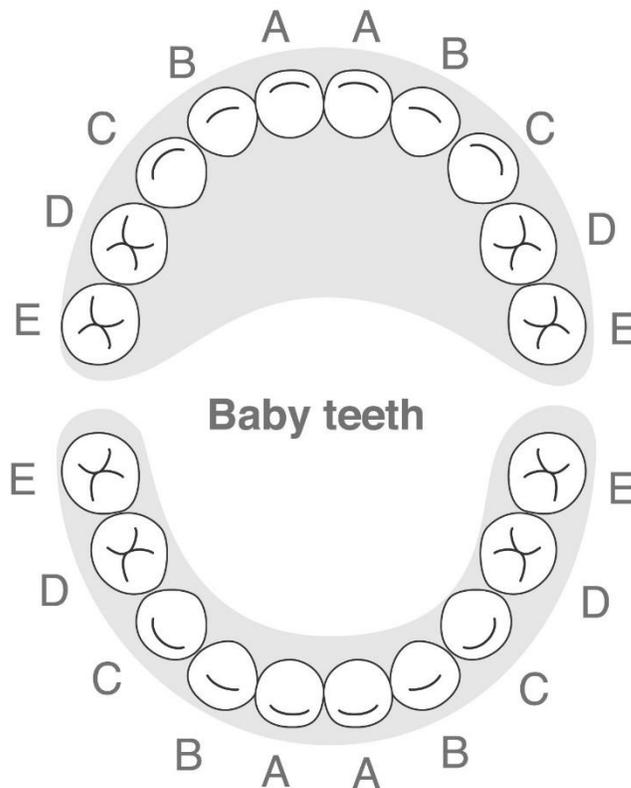
Orthodontic treatment should not be initiated if there is any evidence of poor oral hygiene, dental care, a need for restorative dental care and you are unable to confirm the parent and patient's willingness to comply with treatment recommendations.

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos, and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

## Appendix D: Orthodontic Screening Tools

### Primary Teeth: Tooth Development and Identification Information

A1.



#### Upper Teeth

A: Central incisor  
Erupt: 8-12 months  
Shed: 6-7 years

B: Lateral incisor  
Erupt: 9-13 months  
Shed: 7-8 years

C: Canine (cuspid)  
Erupt: 16-22 months  
Shed: 10-12 years

D: First molar  
Erupt: 13-19 months  
Shed: 9-11 years

E: Second molar  
Erupt: 25-31 months  
Shed: 10-12 years

#### Lower Teeth

E: Second molar  
Erupt: 25-31 months  
Shed: 10-12 years

D: First molar  
Erupt: 14-18 months  
Shed: 9-11 years

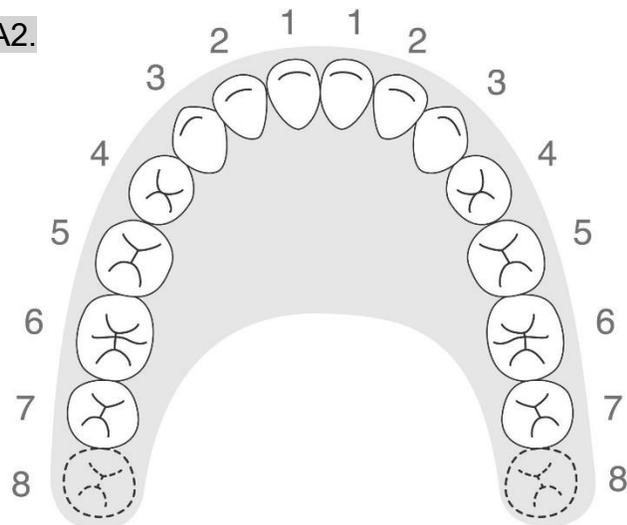
C: Canine (cuspid)  
Erupt: 17-23 months  
Shed: 10-12 years

B: Lateral incisor  
Erupt: 10-16 months  
Shed: 7-8 years

A: Central incisor  
Erupt: 6-10 months  
Shed: 6-7 years

## Permanent Teeth: Tooth Development and Identification Chart

A2.



### Upper Teeth

1: Central incisor  
Erupt: 7-8 years

2: Lateral incisor  
Erupt: 8-9 years

3: Canine (cuspid)  
Erupt: 11-12 years

4: First premolar  
(first bicuspid)  
Erupt: 10-11 years

5: Second premolar  
(second bicuspid)  
Erupt: 10-12 years

6: First Molar:  
Erupt: 6-7 years

7: Second Molar:  
Erupt: 12-13 years

8: Third Molar  
(wisdom tooth)  
Erupt: 17-21 years

### Lower Teeth

8: Third Molar  
(wisdom tooth)  
Erupt: 17-21 years

7: Second Molar  
Erupt: 11-13 years

6: First Molar  
Erupt: 6-7 years

5: Second premolar  
(second bicuspid)  
Erupt: 11-12 years

4: First premolar  
(first bicuspid)  
Erupt: 10-12 years

3: Canine (cuspid)  
Erupt: 9-10 years

2: Lateral incisor:  
Erupt: 7-8 years

1: Central incisor  
Erupt: 6-7 years

A3.



## Orthodontic Screening Tool Limited Screening

### Immediate Referral

#### Condition: Cleft lip

Type of treatment: Screening and immediate referral

Screening age: Any age

Points to screen: No

Referral: Immediate referral to an orthodontist for evaluation



#### Condition: Cleft palate

Type of treatment: Screening and immediate referral

Screening age: Any Age

Points to screen: No

Referral: Immediate referral to an orthodontist for evaluation



#### Condition: Malocclusions – Anterior crossbite

Type of treatment: Limited screening

Screening age: 7-10 years of age

Points to screen: No

Referral: Immediate referral to an orthodontist for evaluation and immediate treatment



**Condition: Malocclusions – Posterior crossbite**

Type of treatment: Limited screening

Screening age: 7-10 years of age

Points to screen: No

Referral: Immediate referral to an orthodontist for evaluation and immediate treatment

**Condition: Malocclusions – Ectopic incisor**

Type of treatment: Limited screening

Screening age: 7-10 years of age

Points to screen: No

Referral: Immediate referral to an orthodontist for evaluation and immediate treatment

**Orthodontic Screening Tool Comprehensive Screening**

**20 points or more for referral, 18 or more points with additional considerations (See Appendix C)**

**Malocclusions Condition: Overjet**

Screening age: 7 through 20 years of age

Points to screen: Measure overjet in mm

Referral: Screening with 20 or more points or 18 points with additional considerations should be referred to an orthodontist.



**Malocclusions Condition: Overbite**

Screening age: 7 through 20 years of age

Points to screen: Measure overbite in mm

Referral: Screening with 20 or more points or 18 points with additional considerations should be referred to an orthodontist.

**Malocclusions Condition: Mandibular protrusion (lower arch overjet)**

Screening age: 7 through 20 years of age

Points to screen: Multiply # of mm between arch protrusion by 5

Referral: Screening with 20 or more points or 18 points with additional considerations should be referred to an orthodontist.

**Malocclusions Condition: Anterior Openbite**

Screening age: 7 through 20 years of age

Points to screen: Multiply # of mm at largest open space by 4

Referral: Screening with 20 or more points or 18 points with additional considerations should be referred to an orthodontist.



### Malocclusions Condition: Impacted Teeth

Screening age: 7 through 20 years of age

Points to screen: Multiply # of impacted teeth by 5

Referral: Screening with 20 or more points or 18 points with additional considerations should be referred to an orthodontist.



### Malocclusions Condition: Moderate Crowding

Screening age: 7 through 20 years of age

Points to screen: Add 2 points per arch

Referral: Screening with 20 or more points or 18 points with additional considerations should be referred to an orthodontist.



### Malocclusions Condition: Severe Crowding

Screening age: 7 through 20 years of age

Points to screen: Add 4 points per arch

Referral: Screening with 20 or more points or 18 points with additional considerations should be referred to an orthodontist.



**Malocclusions Condition: Anterior crossbite**

Screening age: 7 through 20 years of age

Points to screen: Add # of teeth multiply by 2

Referral: Screening with 20 or more points or 18 points with additional considerations should be referred to an orthodontist.

**Malocclusions Condition: Posterior crossbite**

Screening age: 7 through 20 years of age

Points to screen: Add # of teeth multiply by 2

Referral: Screening with 20 or more points or 18 points with additional considerations should be referred to an orthodontist.

**Malocclusions Condition: Habits – finger sucking, thumb sucking, tongue thrusting**

Screening age: 7 through 20 years of age

Points to screen: Add 2 points

Referral: Screening with 20 or more points or 18 points with additional considerations should be referred to an orthodontist.



## Additional Considerations

- Additional consideration may be given if the index is between 18 and 20 points and includes:
  - RADIOGRAPHS, PHOTOS AND THE CEPHALOMETRIC FILM (when taken)
  - Narrative description; evidence of the child's oral hygiene; and child and parent willingness to comply with treatment recommendations.
  - All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

## Appendix E: EPSDT Comprehensive Orthodontic Screening Form (SFN 61)

To access the most recent version of the EPSDT Comprehensive Orthodontic Screening Form (SFN 61) online, go to [www.nd.gov/eforms/Doc/sfn00061.pdf](http://www.nd.gov/eforms/Doc/sfn00061.pdf).

See form on page 36-37.

# Screening Form (SFN 61)



## EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT) COMPREHENSIVE ORTHODONTIC SCREENING

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 61 (1-2026)

[Click Here to Clear  
Field Data](#)

Name	ND Medicaid ID Number	Date of Birth	Date

**(Any Age)** This **immediate** referral is for a Cleft Lip or Cleft Palate. **Points are not required.**

Comments
<p><b>(Age 7 to 10)</b> This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment. Please check all of the following conditions that may apply:</p> <p> <input type="checkbox"/> Anterior Cross Bite                      <input type="checkbox"/> Posterior Cross Bite  <input type="checkbox"/> Ectopic (mal-positioned incisors)      <input type="checkbox"/> Cleft Lip/Cleft Palate </p> <p>Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the <b>comprehensive</b> evaluation below.</p>
Comments

**(Age 10 through 20)** This referral is a **Comprehensive** screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	
Overbite	Measure overbite in mm	
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5	
Anterior open bite	Measure number of mm at largest open space, multiply by 4	
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5	
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower)	
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2	
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2	
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	
<b>Total Score Points</b>		

**Screener Comments**

Oral Hygiene Observation	
Explain Dental Caries or Restorative Needs	
Date of Most Recent Dental Exam	Are parent and patient willing to comply with treatment recommendations? <input type="checkbox"/> Yes <input type="checkbox"/> No

Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.

<p><b>Note to Dental/Orthodontic Treating Provider:</b> Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.</p>	
Screener	Title

## Appendix F: Orthodontic Screening and Referral Process

1. Please verify North Dakota Medicaid enrollment.
2. The initial Orthodontia screening may be performed by a dentist, local public health nurse.
3. The Orthodontia screening is to be completed using SFN-61, this form must be completed in entirety, signed and dated. The form may be located within the [ND Wellness Visits for Providers webpage](#) under the Orthodontia screening section.
4. When completed by local public health or in a medical setting: Registered nurses that complete this screening must bill utilizing code T1002. LPNs completing this service will bill utilizing code T1003. The Orthodontic screening service may not be billed when completed in conjunction with a ND Medicaid EPSDT wellness visit (S0302 or 9938x/9939x).
5. When completed by a dental office: The orthodontia screening may be billed in conjunction with other covered services when performed at the same dental visit. Dentists that complete this screening must bill utilizing code D8660.
6. Eligibility for an Orthodontic referral must meet one of the following 3 criteria:
  - a. Immediate referrals: are cases where Cleft Palate or Cleft Lip are identified;
  - b. Limited referrals: are cases where Anterior Cross Bite, Posterior Cross Bite, or Ectopic (mal positioned) incisors are identified;
  - c. Comprehensive referrals: are cases with a score of 20 points or greater.
7. If eligible for an orthodontic referral:
  - a. Forward the above initial completed SFN-61 to the treating orthodontist (if known) or provide a copy of the completed SFN-61 to the patient.
  - b. Provide the patient (family) with a copy of Ortho screen Parent-Youth Handout located within the ND Wellness Visits for Providers webpage under the Orthodontia screening section.
  - c. If the family needs assistance in locating a participating orthodontist, they may reach out to [dhsmedicaidquality@nd.gov](mailto:dhsmedicaidquality@nd.gov)
8. The treating provider/orthodontist will verify North Dakota Medicaid enrollment and complete a second screening/evaluation using SFN-61. This form must be completed in its entirety, signed and dated.
  - a. Specifically for comprehensive cases: submit a narrative description, radiographs, photos and the cephalometric film (when taken) with each request, regardless of the number of points.

- b. Prior Authorizations: must be submitted by the orthodontist with the treating orthodontists screening form and the referring dental (initial SFN-61 screening form) to the North Dakota Medicaid Program Dental Consultant for review via electronic prior authorization submission in MMIS\*\*.
9. ND Medicaid will review the information to see if “medical necessity” is met.
10. Once a decision is made, the patient/family will be notified. If approved, the orthodontist office will reach out to schedule appointments.

If you have additional questions, please reach out to Quality

Outreach at [dhsmedicaidquality@nd.gov](mailto:dhsmedicaidquality@nd.gov)

\*\* MMIS web-based policy submission requirements are noted in the dental manual service authorization section on page 20 as well as in the service authorization provider policy.

# Appendix G: Orthodontic Training Molds Screening Score Keys

## Class I Ideal Arch Key



**EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)  
COMPREHENSIVE ORTHODONTIC SCREENING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 61 (5-2025)

Name Class I Ideal Arch	ND Medicaid ID Number	Date of Birth	Date
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*(Any Age)* This immediate referral is for a Cleft Lip or Cleft Palate. Points are not required.

Comments
<i>(Age 7 to 10)</i> This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon: <input type="checkbox"/> Anterior Cross Bite <input type="checkbox"/> Posterior Cross Bite <input type="checkbox"/> Ectopic (mal-positioned incisors) <input type="checkbox"/> Cleft Lip/Cleft Palate Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the comprehensive evaluation below.
Comments

*(Age 10 through 20)* This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	3
Overbite	Measure overbite in mm	3
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5	
Anterior open bite	Measure number of mm at largest open space, multiply by 4	
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5	
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower)	
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2	
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2	
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	
<b>Total Points</b>		<b>6</b>

**Screener Comments**

Oral Hygiene Observation	
Explain Dental Caries or Restorative Needs	
Date of Most Recent Dental Exam	Parent and patient are willing to comply with treatment recommendations <input type="checkbox"/> Yes <input type="checkbox"/> No

*Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.*

**Note to Dental/Orthodontic Treating Provider:**

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

Screener	Title
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## Class I Mixed Dentition Anterior Openbite Key



**EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)  
COMPREHENSIVE ORTHODONTIC SCREENING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 81 (5-2025)

Clear Fields

Name Class I Mixed Dentition Anterior Openbite	ND Medicaid ID Number	Date of Birth	Date
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**(Any Age)** This immediate referral is for a Cleft Lip or Cleft Palate. Points are not required.

Comments
<p><b>(Age 7 to 10)</b> This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon:</p> <p><input type="checkbox"/> Anterior Cross Bite    <input type="checkbox"/> Posterior Cross Bite    <input type="checkbox"/> Ectopic (mal-positioned incisors)    <input type="checkbox"/> Cleft Lip/Cleft Palate</p> <p>Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the comprehensive evaluation below.</p>
Comments

**(Age 10 through 20)** This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	3
Overbite	Measure overbite in mm	
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5	
Anterior open bite	Measure number of mm at largest open space, multiply by 4 (2)	8
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5 (2)	10
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower)	
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2	
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2 (2)	4
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	
<b>Total Points</b>		<b>25</b>

**Screener Comments**

Oral Hygiene Observation	
Explain Dental Caries or Restorative Needs	
Date of Most Recent Dental Exam	Parent and patient are willing to comply with treatment recommendations <input type="checkbox"/> Yes <input type="checkbox"/> No

Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.

**Note to Dental/Orthodontic Treating Provider:**

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

Screener	Title
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## Class II Div I Open Bite Mixed Dentition Narrow Arch Key



**EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)  
COMPREHENSIVE ORTHODONTIC SCREENING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 61 (5-2025)

Clear Fields

Name Class II Div I Open Bite Mixed Dentition Narrow Arch	ND Medicaid ID Number	Date of Birth	Date
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**(Any Age)** This immediate referral is for a Cleft Lip or Cleft Palate. Points are not required.

Comments
<p><b>(Age 7 to 10)</b> This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon:</p> <p><input type="checkbox"/> Anterior Cross Bite    <input type="checkbox"/> Posterior Cross Bite    <input type="checkbox"/> Ectopic (mal-positioned incisors)    <input type="checkbox"/> Cleft Lip/Cleft Palate</p> <p>Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the comprehensive evaluation below.</p>
Comments

**(Age 10 through 20)** This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	7
Overbite	Measure overbite in mm	2
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5	
Anterior open bite	Measure number of mm at largest open space, multiply by 4 (1)	4
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5 (2 lower)	10
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower)	
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2	
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2	
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	
<b>Total Points</b>		<b>23</b>

**Screener Comments**

Oral Hygiene Observation	
Explain Dental Caries or Restorative Needs	
Date of Most Recent Dental Exam	Parent and patient are willing to comply with treatment recommendations <input type="checkbox"/> Yes <input type="checkbox"/> No

*Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.*

**Note to Dental/Orthodontic Treating Provider:**

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

Screener	Title
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## Class II Mixed Dentition Posterior Crossbite Key



**EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)  
COMPREHENSIVE ORTHODONTIC SCREENING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 61 (5-2025)

Clear Fields

Name Class II Mixed Dentition Posterior Crossbite	ND Medicaid ID Number	Date of Birth	Date
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*(Any Age)* This immediate referral is for a Cleft Lip or Cleft Palate. Points are not required.

Comments
<p><i>(Age 7 to 10)</i> This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon:</p> <p><input type="checkbox"/> Anterior Cross Bite    <input checked="" type="checkbox"/> Posterior Cross Bite    <input type="checkbox"/> Ectopic (mal-positioned incisors)    <input type="checkbox"/> Cleft Lip/Cleft Palate</p> <p>Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the comprehensive evaluation below.</p>
Comments

*(Age 10 through 20)* This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	2
Overbite	Measure overbite in mm	
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5 (2)	10
Anterior open bite	Measure number of mm at largest open space, multiply by 4	
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5 (2 upper) (2 Lower)	20
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower)	
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2 (2)	4
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2 (2)	4
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	
<b>Total Points</b>		<b>40</b>

**Screener Comments**

Oral Hygiene Observation	
Explain Dental Caries or Restorative Needs	
Date of Most Recent Dental Exam	Parent and patient are willing to comply with treatment recommendations <input type="checkbox"/> Yes <input type="checkbox"/> No

*Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.*

**Note to Dental/Orthodontic Treating Provider:**

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

Screener	Title
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## Class III Mixed Dentition Key



**EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)  
COMPREHENSIVE ORTHODONTIC SCREENING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 61 (5-2025)

Clear Fields

Name Class III Mixed Dentition	ND Medicaid ID Number	Date of Birth	Date
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**(Any Age)** This immediate referral is for a Cleft Lip or Cleft Palate. Points are not required.

Comments
<p><b>(Age 7 to 10)</b> This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon:</p> <p><input type="checkbox"/> Anterior Cross Bite    <input type="checkbox"/> Posterior Cross Bite    <input type="checkbox"/> Ectopic (mal-positioned incisors)    <input type="checkbox"/> Cleft Lip/Cleft Palate</p> <p>Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the comprehensive evaluation below.</p>
Comments

**(Age 10 through 20)** This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	
Overbite	Measure overbite in mm	
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5 (2)	10
Anterior open bite	Measure number of mm at largest open space, multiply by 4	
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5 (2)	10
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower)	
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2 (6)	12
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2 (4)	8
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	
<b>Total Points</b>		<b>40</b>

**Screener Comments**

Oral Hygiene Observation	
Explain Dental Caries or Restorative Needs	
Date of Most Recent Dental Exam	Parent and patient are willing to comply with treatment recommendations <input type="checkbox"/> Yes <input type="checkbox"/> No

Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.

**Note to Dental/Orthodontic Treating Provider:**

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

Screener	Title
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## Class II Div II Mixed Dentition Key



**EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)  
COMPREHENSIVE ORTHODONTIC SCREENING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 81 (5-2025)

Clear Fields

Name Class II Div II Mixed Dentition	ND Medicaid ID Number	Date of Birth	Date
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**(Any Age)** This immediate referral is for a Cleft Lip or Cleft Palate. Points are not required.

Comments

**(Age 7 to 10)** This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon:

Anterior Cross Bite     Posterior Cross Bite     Ectopic (mal-positioned incisors)     Cleft Lip/Cleft Palate

Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the comprehensive evaluation below.

Comments

**(Age 10 through 20)** This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	4
Overbite	Measure overbite in mm	5
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5	
Anterior open bite	Measure number of mm at largest open space, multiply by 4	
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5	
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower)	(2) 4
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2	(1) 2
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2	
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	
<b>Total Points</b>		15

**Screener Comments**

Oral Hygiene Observation

Explain Dental Caries or Restorative Needs

Date of Most Recent Dental Exam

Parent and patient are willing to comply with treatment recommendations

Yes     No

*Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.*

**Note to Dental/Orthodontic Treating Provider:**

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

Screener	Title
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## Class II Div I Blocked Cuspid Mixed Dentition Key



**EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)  
COMPREHENSIVE ORTHODONTIC SCREENING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 61 (5-2025)

Clear Fields

Name Class II Div I Blocked Cuspid Mixed Dentition	ND Medicaid ID Number	Date of Birth	Date
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**(Any Age)** This immediate referral is for a Cleft Lip or Cleft Palate. Points are not required.

Comments

**(Age 7 to 10)** This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon:

Anterior Cross Bite     Posterior Cross Bite     Ectopic (mal-positioned incisors)     Cleft Lip/Cleft Palate

Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the comprehensive evaluation below.

Comments

**(Age 10 through 20)** This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	6
Overbite	Measure overbite in mm	4
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5	
Anterior open bite	Measure number of mm at largest open space, multiply by 4 (2)	8
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5 (1)	5
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower) (2 Lower, 2 Upper)	4
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2	
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2 (1)	2
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	
<i>Severe crowding = 1 full tooth blocked out</i>		
<b>Total Points</b>		<b>29</b>

**Screener Comments**

Oral Hygiene Observation

Explain Dental Caries or Restorative Needs

Date of Most Recent Dental Exam

Parent and patient are willing to comply with treatment recommendations

Yes     No

*Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.*

**Note to Dental/Orthodontic Treating Provider:**

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

Screener

Title

## Class II Div II Permanent Dentition Key



**EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)  
COMPREHENSIVE ORTHODONTIC SCREENING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 61 (5-2025)

Clear Fields

Name Class II Div II Permanent Dentition	ND Medicaid ID Number	Date of Birth	Date
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**(Any Age)** This immediate referral is for a Cleft Lip or Cleft Palate. Points are not required.

Comments
<p><b>(Age 7 to 10)</b> This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon:</p> <p><input type="checkbox"/> Anterior Cross Bite    <input type="checkbox"/> Posterior Cross Bite    <input type="checkbox"/> Ectopic (mal-positioned incisors)    <input type="checkbox"/> Cleft Lip/Cleft Palate</p> <p>Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the comprehensive evaluation below.</p>
Comments

**(Age 10 through 20)** This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	6
Overbite	Measure overbite in mm	3
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5	
Anterior open bite	Measure number of mm at largest open space, multiply by 4	
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5	
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower)	
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	(2)
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2	
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2	(1)
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	*
<i>* High narrow upper arch</i>		
<b>Total Points</b>		19

**Screener Comments**

Oral Hygiene Observation	
Explain Dental Caries or Restorative Needs	
Date of Most Recent Dental Exam	Parent and patient are willing to comply with treatment recommendations <input type="checkbox"/> Yes <input type="checkbox"/> No

Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.

*Dentist/orthodontist may need to document for special consideration*

**Note to Dental/Orthodontic Treating Provider:**

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

Screener	Title
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## Class II Div I Excessive Overbite & Overjet Key



**EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)  
COMPREHENSIVE ORTHODONTIC SCREENING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 81 (5-2025)

Clear Fields

Name Class II Div I Excessive Overbite & Overjet	ND Medicaid ID Number	Date of Birth	Date
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**(Any Age)** This immediate referral is for a Cleft Lip or Cleft Palate. Points are not required.

Comments
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**(Age 7 to 10)** This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon:

Anterior Cross Bite     Posterior Cross Bite     Ectopic (mal-positioned incisors)     Cleft Lip/Cleft Palate

Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the comprehensive evaluation below.

Comments
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**(Age 10 through 20)** This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	9
Overbite	Measure overbite in mm	5
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5	
Anterior open bite	Measure number of mm at largest open space, multiply by 4	
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5 (i)	5
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower)	
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2	
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2	
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	2
<b>Total Points</b>		<b>21</b>

**Screener Comments**

Oral Hygiene Observation
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Explain Dental Caries or Restorative Needs

Date of Most Recent Dental Exam	Parent and patient are willing to comply with treatment recommendations <input type="checkbox"/> Yes <input type="checkbox"/> No
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*Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.*

**Note to Dental/Orthodontic Treating Provider:**

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

Screener	Title
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## Pedodontic Ideal Key



**EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)  
COMPREHENSIVE ORTHODONTIC SCREENING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 61 (5-2025)

Name Pedodontic Ideal	ND Medicaid ID Number	Date of Birth	Date
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*(Any Age)* This immediate referral is for a Cleft Lip or Cleft Palate. Points are not required.

Comments
<i>(Age 7 to 10)</i> This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon: <input type="checkbox"/> Anterior Cross Bite <input type="checkbox"/> Posterior Cross Bite <input type="checkbox"/> Ectopic (mal-positioned incisors) <input type="checkbox"/> Cleft Lip/Cleft Palate Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the comprehensive evaluation below.
Comments

*(Age 10 through 20)* This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	0
Overbite	Measure overbite in mm	
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5	
Anterior open bite	Measure number of mm at largest open space, multiply by 4	
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5	
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower)	
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2	
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2	
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	
<b>Total Points</b>		<b>0</b>

**Screener Comments**

Oral Hygiene Observation	
Explain Dental Caries or Restorative Needs	
Date of Most Recent Dental Exam	Parent and patient are willing to comply with treatment recommendations <input type="checkbox"/> Yes <input type="checkbox"/> No

*Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.*

**Note to Dental/Orthodontic Treating Provider:**

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

Screener	Title
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## Pedodontic Crossbite Key



**EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)  
COMPREHENSIVE ORTHODONTIC SCREENING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 61 (5-2025)

Name Pedodontic Crossbite	ND Medicaid ID Number	Date of Birth	Date
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**(Any Age)** This immediate referral is for a Cleft Lip or Cleft Palate. Points are not required.

Comments
<p><b>(Age 7 to 10)</b> This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon:</p> <p><input type="checkbox"/> Anterior Cross Bite    <input checked="" type="checkbox"/> Posterior Cross Bite    <input type="checkbox"/> Ectopic (mal-positioned incisors)    <input type="checkbox"/> Cleft Lip/Cleft Palate</p> <p>Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the comprehensive evaluation below.</p>
Comments

**(Age 10 through 20)** This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	0
Overbite	Measure overbite in mm	
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5	
Anterior open bite	Measure number of mm at largest open space, multiply by 4	
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5	
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower)	
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2	
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2	
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	
<b>Total Points</b>		0

**Screener Comments**

Oral Hygiene Observation	
Explain Dental Caries or Restorative Needs	
Date of Most Recent Dental Exam	Parent and patient are willing to comply with treatment recommendations <input type="checkbox"/> Yes <input type="checkbox"/> No

*Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.*

**Note to Dental/Orthodontic Treating Provider:**

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.

Screener	Title
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## Pedodontic Openbite Key



**EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)  
COMPREHENSIVE ORTHODONTIC SCREENING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 61 (5-2025)

Clear Fields

Name Pedodontic Openbite	ND Medicaid ID Number	Date of Birth	Date
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**(Any Age)** This immediate referral is for a Cleft Lip or Cleft Palate. Points are not required.

Comments
<p><b>(Age 7 to 10)</b> This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon:</p> <p><input type="checkbox"/> Anterior Cross Bite    <input type="checkbox"/> Posterior Cross Bite    <input type="checkbox"/> Ectopic (mal-positioned incisors)    <input type="checkbox"/> Cleft Lip/Cleft Palate</p> <p>Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the comprehensive evaluation below.</p> <p>Comments                      <i>**Looks bad but will return to normal bite if pacifier is d/c. Thumb habit will cause to be more open on one side.</i></p>

**(Age 10 through 20)** This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child).

CONDITION	MEASUREMENT	SCORE
Overjet	Measure overjet in mm	0
Overbite	Measure overbite in mm	
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion, multiply by 5	
Anterior open bite	Measure number of mm at largest open space, multiply by 4	
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5	
Moderate crowding of teeth	Add 2 points per arch (upper and/or lower)	
Severe crowding of teeth	Add 4 points per arch (upper and/or lower)	
Number of teeth in anterior crossbite	Add number of teeth, multiply by 2	
Number of teeth in posterior crossbite	Add number of teeth, multiply by 2	
Habits affecting arch development	Add 2 points (finger or thumb sucking, tongue thrusting)	
<b>Total Points</b>		<b>0</b>

**Screener Comments**

Oral Hygiene Observation	
Explain Dental Caries or Restorative Needs	
Date of Most Recent Dental Exam	Parent and patient are willing to comply with treatment recommendations <input type="checkbox"/> Yes <input type="checkbox"/> No

*Children meeting the established criteria should be referred to an enrolled dental provider for further evaluation.*

**Note to Dental/Orthodontic Treating Provider:**

Specifically for comprehensive cases: please submit a narrative description, radiographs, photos and the cephalometric film (when taken). This documentation is required in addition to the screening forms with each request, regardless of the number of points. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid enrolled at the beginning of the treatment phase.	
Screener	Title

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- [https://downloads.aap.org/AAP/Oral%20Health/anterior\\_openbite01.jpg?\\_gl=1\\*\\_1pr9es9\\*\\_ga\\*MTc3OTYyNjYxNS4xNzU0MzE5ODEw\\*\\_ga\\_FD9D3XZVQQ\\*\\_czE3NTQzNTA5MTEkzbIkZzEkdDE3NTQzNTEzMDkkajYwJGwwJGgw\\*\\_gcl\\_au\\*NTA3MDQ5MzczLjE3NTQzMTk4MTA.\\*\\_ga\\_GMZCQS1K47\\*\\_czE3NTQzNTA5MTEkzbE](https://downloads.aap.org/AAP/Oral%20Health/anterior_openbite01.jpg?_gl=1*_1pr9es9*_ga*MTc3OTYyNjYxNS4xNzU0MzE5ODEw*_ga_FD9D3XZVQQ*_czE3NTQzNTA5MTEkzbIkZzEkdDE3NTQzNTEzMDkkajYwJGwwJGgw*_gcl_au*NTA3MDQ5MzczLjE3NTQzMTk4MTA.*_ga_GMZCQS1K47*_czE3NTQzNTA5MTEkzbE)

For more information contact:

**ND Medicaid EPSDT**

Medical Services Division  
North Dakota Health and Human Services  
600 E. Boulevard Ave., Dept. 325  
Bismarck, ND 58505-0250  
(701) 328-2014, option 2  
[hhs.nd.gov/medicaid/wellness/visits](https://hhs.nd.gov/medicaid/wellness/visits)

**Oral Health Program**

Health Promotion and Chronic Disease Prevention Unit  
North Dakota Health and Human Services  
600 E. Boulevard Ave., Dept. 325  
Bismarck, ND 58505-0250  
(701) 328-2356  
(800) 472-2286 (toll-free)  
[hhs.nd.gov/health/oral-health-program](https://hhs.nd.gov/health/oral-health-program)