



# Orthodontic Screening Guide for North Dakota Health Tracks Nurses

The North Dakota Department of Human Services Medical Services Division and the North Dakota Department of Health's Oral Health Program wishes to thank the following entities for granting permission to adapt their photos into this guide.

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[www.jespersionorthodontics.com](http://www.jespersionorthodontics.com)

**BioMed Central**

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**Delta Dental Corporation**

[www.deltadentalid.com](http://www.deltadentalid.com)

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

- <https://www.health.nd.gov/prevention/oral-health-program/resources-health-professionals>

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## Preface

This guide was written to assist North Dakota Medicaid Health Tracks nurses in understanding orthodontic terminology and to establish basic guidelines for screening and referral. The information presented in the guide covers only the malocclusions used in the North Dakota Health Tracks early and periodic screening, diagnostic and treatment (EPSDT) interceptive and comprehensive orthodontic indexes. The guide includes basic suggestions for orthodontic screening procedures.

## Introduction

Orthodontic treatment includes the 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. Health Tracks (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's Oral Health Program developed this guide to assist in training Health Tracks (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 Health Tracks Program.
- 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 Health Tracks

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

1. Cleft Lip or Cleft Palate – immediate referral.
2. Interceptive Orthodontic Treatment – early treatment of developing malocclusions.
3. 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 under interceptive phase.

### Interceptive Orthodontic Treatment

Interceptive orthodontic treatment is the early treatment of developing malocclusions. The purpose of interceptive orthodontic treatment is to lessen the severity of the developing malocclusion. Interceptive 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 interceptive therapy. Early phases of comprehensive therapy may utilize some procedures involved in the interceptive phase in otherwise normally developing dentition, but such procedures are not considered interceptive. Interceptive 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. Interceptive treatment is not part of the comprehensive treatment plan. Treatment typically begins at age six or older. Points are not necessary in the interceptive 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 the use of 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. Special consideration may be given if the index is between 18 and 20 points, x-rays and a narrative description are submitted to the North Dakota Medicaid Program Dental Consultant for review. **The child must be North Dakota Medicaid eligible at the beginning of the treatment phase.**

## Orthodontic Screening

An 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 Health Tracks Program (EPSDT) 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.

#### Interceptive Orthodontic Treatment

Children ages 7 through 10 should be screened for an interceptive 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, a majority of the 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. 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.

### Interceptive 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 interceptive screening process. If any of the conditions covered under the interceptive 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 and a narrative description. In cases requiring special consideration for unique circumstances, the screener should consult with the enrolled provider in the area and the North Dakota Medicaid Health Tracks Coordinator. The contact information for Health Tracks Coordinators by county can be found at <https://www.nd.gov/dhs/services/medicalserv/health-tracks/>

## Use of Screening Results

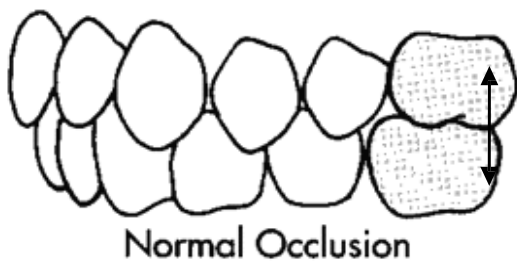
- Based on eligibility criteria established by the North Dakota Medicaid Health Tracks (EPSDT) program, referrals should be made to participating dental providers only. A provider may be obtained by contacting the North Dakota Medicaid Health Tracks administrator.
- Screening results should be shared 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 Health Tracks 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.



Picture courtesy of BioMed Central

## Eruption and Shed of Primary Teeth



Picture courtesy of Triangle Pediatric Dentistry at [trianglepediatricdentistry.com/all-about-primary-teeth/](http://trianglepediatricdentistry.com/all-about-primary-teeth/)



## Cleft Lip or Cleft Palate

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



Picture courtesy of BioMed Central

## 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.**

## Interceptive Orthodontic Screening Malocclusions

Referral for an interceptive treatment evaluation is based on the conditions listed below. **No points are necessary for an interceptive referral.** *Images courtesy of BioMed Central.*

### 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.

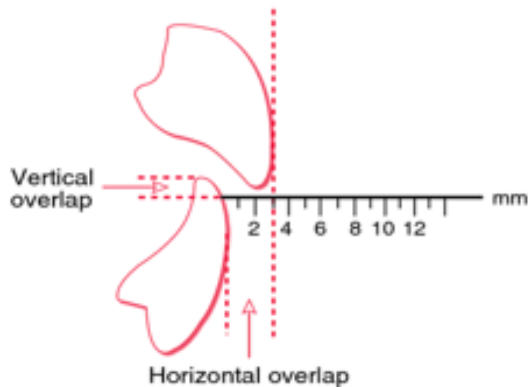


## Comprehensive Orthodontic Screening Malocclusions

### 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.

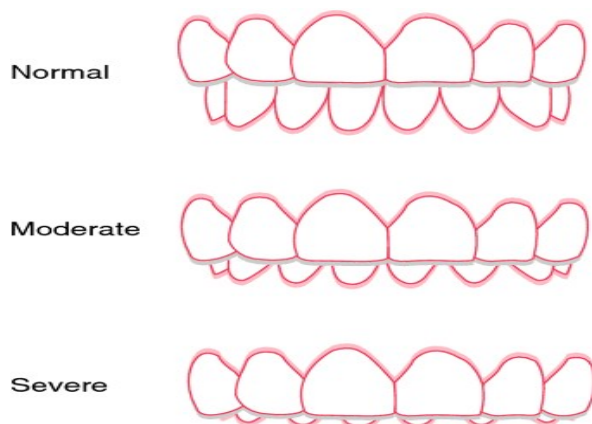


Severe overjet

### 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. This is a vertical measurement.



Severe overbite

### Mandibular protrusion (mandibular overjet)

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.

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



### Impacted teeth (anterior 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 that 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.

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.



Upper arch severe crowding



Lower arch severe crowding



## 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.

**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.





## 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.
- 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 into 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 manual is meant only to be a screening guide. Some cases or conditions may require special 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 Health Tracks administrator and dental provider.

## 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.

**Interceptive 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, N.D. 58108  
701.235.7387
- Screening form
- Pencil
- Trash bags

## Appendix C: Reference Guide for Health Tracks Orthodontic Screening

### Cleft Lip or Cleft Palate

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

### Interceptive Ortho Screening

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

### Comprehensive Ortho Screening

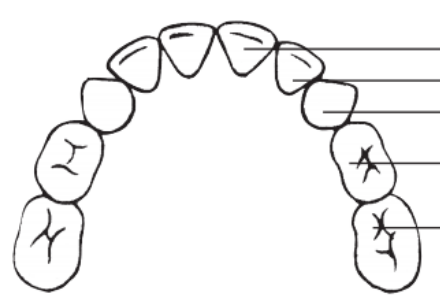
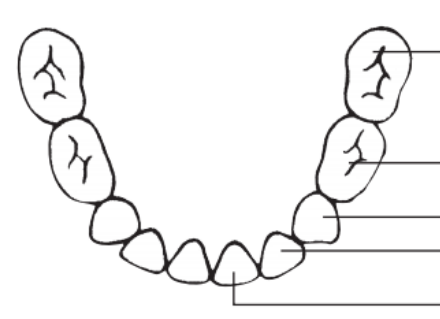
- Children beginning at age 10
- Children with 20 or more possible points eligible for treatment
- Conditions considered in point system for referral to an orthodontist:
  - Overjet
  - Overbite
  - Mandibular protrusion (mandibular overjet)
  - Anterior open bite
  - Impacted teeth (anterior teeth only)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

### Special Considerations

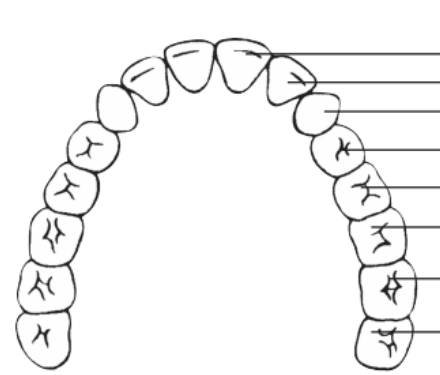
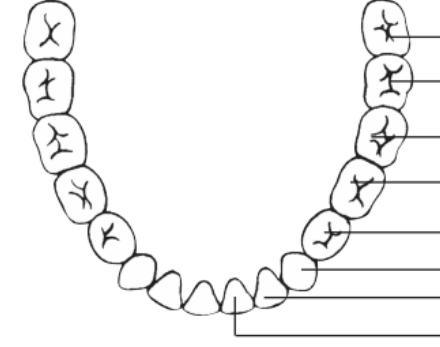
Special consideration may be given if the index is between 18 and 20 points and includes: x-rays; a narrative description; evidence of the child's oral hygiene; and child and parent willingness to comply with treatment recommendations. All documentation should be submitted to the North Dakota Medicaid Program Dental Consultant for review. The child must be North Dakota Medicaid eligible at the beginning of the treatment phase.

## Appendix D: Orthodontic Screening Tools

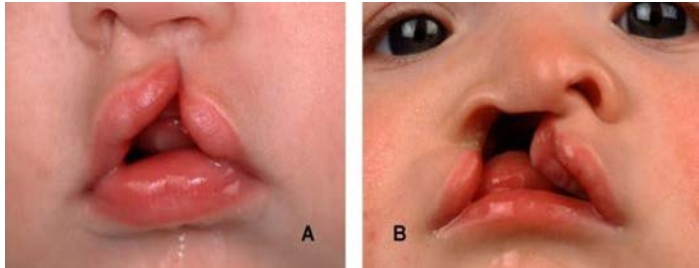
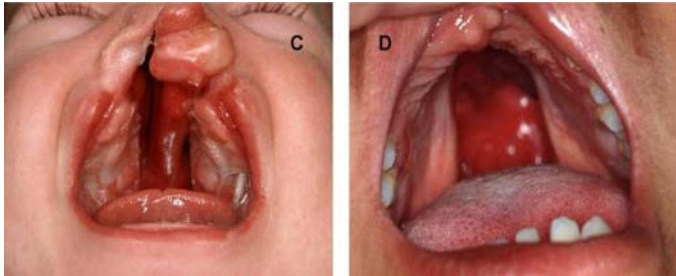
### Primary Teeth: Tooth Development and Identification Chart

Upper Teeth		Erupt	Shed
	Central incisor	8-12 mos.	6-7 yrs.
	Lateral incisor	9-13 mos.	7-8 yrs.
	Canine (cuspid)	16-22 mos.	10-12 yrs.
	First molar	13-19 mos.	9-11 yrs.
	Second molar	25-33 mos.	10-12 yrs.
Lower Teeth		Erupt	Shed
	Second molar	23-31 mos.	10-12 yrs.
	First molar	14-18 mos.	9-11 yrs.
	Canine (cuspid)	17-23 mos.	9-12 yrs.
	Lateral incisor	10-16 mos.	7-8 yrs.
	Central incisor	6-10 mos.	6-7 yrs.

### Permanent Teeth: Tooth Development and Identification Chart




Upper Teeth		Erupt
	Central incisor	7-8 yrs.
	Lateral incisor	8-9 yrs.
	Canine (cuspid)	11-12 yrs.
	First premolar (first bicuspid)	10-11 yrs.
	Second premolar (second bicuspid)	10-12 yrs.
	First molar	6-7 yrs.
	Second molar	12-13 yrs.
	Third molar (wisdom tooth)	17-21 yrs.
Lower Teeth		Erupt
	Third molar (wisdom tooth)	17-21 yrs.
	Second molar	11-13 yrs.
	First molar	6-7 yrs.
	Second premolar (second bicuspid)	11-12 yrs.
	First premolar (first bicuspid)	10-12 yrs.
	Canine (cuspid)	9-10 yrs.
	Lateral incisor	7-8 yrs.
	Central incisor	6-7 yrs.

## Orthodontic Screening Tool Interceptive Screening Immediate Referral

Condition	Type of Treatment	Screening Age	Example	Points to Screen	Referral
Cleft lip	Screening and immediate referral	Any age		No	Immediate referral to an orthodontist for evaluation
Cleft palate	Screening and immediate referral	Any age		No	Immediate referral to an orthodontist for evaluation






## Orthodontic Screening Tool

Condition	Type of Treatment	Screening Age	Example	Points to Screen	Referral
Malocclusions: Anterior crossbite	Interceptive screening	7 through 10 year of age	 A clinical photograph showing a patient's upper and lower teeth in occlusion. The upper incisors are positioned behind the lower incisors, which is characteristic of an anterior crossbite.	No	Immediate referral to an orthodontist for evaluation and immediate treatment
Malocclusions: Posterior crossbite	Interceptive screening	7 through 10 year of age	 A clinical photograph showing a patient's upper and lower teeth in occlusion. The upper teeth are positioned behind the lower teeth, which is characteristic of a posterior crossbite.	No	Immediate referral to an orthodontist for evaluation and immediate treatment
Malocclusions: Ectopic incisors	Interceptive screening	7 through 10 year of age	 Two clinical photographs showing ectopic incisors. The top photo shows an upper incisor that is rotated and positioned abnormally. The bottom photo shows a lower incisor that is rotated and positioned abnormally.	No	Immediate referral to an orthodontist for evaluation and immediate treatment


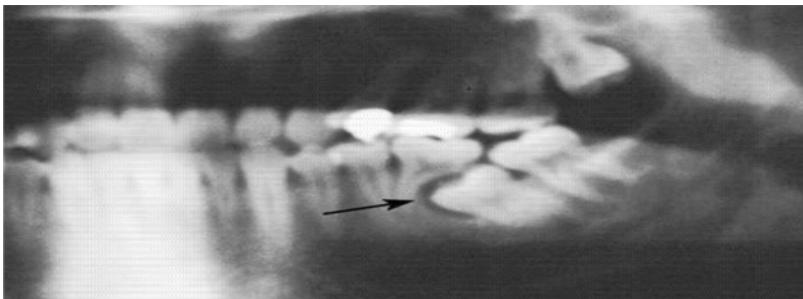

# ORTHODONTIC SCREENING TOOL COMPREHENSIVE SCREENING

20 POINTS OR MORE FOR REFERRAL




18 OR MORE POINTS WITH SPECIAL CONSIDERATION (SEE APPENDIX C)

Malocclusion Conditions	Screening Age	Example	Points to Screen	Referral
Overjet	Any age qualifies		Measure overjet in mm	Screening with 20 or more points or 18 points with special conditions should be referred to an orthodontist.
Overbite	Any age qualifies		Measure overbite in mm	Screening with 20 or more points or 18 points with special conditions should be referred to an orthodontist.
Mandibular protrusion (lower arch overjet)	Any age qualifies		Multiply # of mm between arch protrusion by 5	Screening with 20 or more points or 18 points with special conditions should be referred to an orthodontist.

**ORTHODONTIC SCREENING TOOL COMPREHENSIVE SCREENING**  
**20 POINTS OR MORE FOR REFERRAL**  
**18 OR MORE POINTS WITH SPECIAL CONSIDERATION (SEE APPENDIX C)**


Malocclusion Conditions	Screening Age	Example	Points to Screen	Referral
Anterior openbite	Any age qualifies		Multiply # of mm at largest open space by 4	Screening with 20 or more points or 18 points with special conditions should be referred to an orthodontist.
Impacted teeth	Any age qualifies		Multiply # of impacted teeth by 5	Screening with 20 or more points or 18 points with special conditions should be referred to an orthodontist.
Moderate crowding	Any age qualifies		Add 2 points per arch	Screening with 20 or more points or 18 points with special conditions should be referred to an orthodontist.

**ORTHODONTIC SCREENING TOOL COMPREHENSIVE SCREENING**  
**20 POINTS OR MORE FOR REFERRAL**  
**18 OR MORE POINTS WITH SPECIAL CONSIDERATION (SEE APPENDIX C)**

Malocclusion Conditions	Screening Age	Example	Points to Screen	Referral
Severe crowding	Any age qualifies		Add 4 points per arch	Screening with 20 or more points or 18 points with special conditions should be referred to an orthodontist.
Anterior crossbite	Any age qualifies		Add # of teeth multiply by 2	Screening with 20 or more points or 18 points with special conditions should be referred to an orthodontist.
Posterior crossbite	Any age qualifies		Add # of teeth multiply by 2	Screening with 20 or more points or 18 points with special conditions should be referred to an orthodontist.



**ORTHODONTIC SCREENING TOOL COMPREHENSIVE SCREENING**  
**20 POINTS OR MORE FOR REFERRAL**  
**18 OR MORE POINTS WITH SPECIAL CONSIDERATION (SEE APPENDIX C)**

Malocclusion Conditions	Screening Age	Example	Points to Screen	Referral
<b>Habits</b> <ul style="list-style-type: none"> <li>• Finger sucking</li> <li>• Thumb sucking</li> <li>• Tongue thrusting</li> </ul>	Any age qualifies		Add 2 points	Screening with 20 or more points or 18 points with special conditions should be referred to an orthodontist.




**SPECIAL CONSIDERATION**

Special consideration may be given if the index is between 18 and 20 points and includes:

- X-rays
- 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 eligible at the beginning of the treatment phase.

## Appendix E: Health Tracks Orthodontic Screening Form Sample

To access the Health tracks Orthodontics Screening Form (SFN 61) online, go to [www.nd.gov/eforms/Doc/sfn00061.pdf](http://www.nd.gov/eforms/Doc/sfn00061.pdf).

 <b>HEALTH TRACKS COMPREHENSIVE ORTHODONTIC SCREENING</b> DEPARTMENT OF HUMAN SERVICES, MEDICAL SERVICES DIVISION DEPARTMENT OF HEALTH SFN 61 (8-2020)			<input type="button" value="Clear Fields"/>
Name		Date	
This <b>immediate</b> referral is for a Cleft Lip or Cleft Palate			
Comments:			
This referral is an <b>Interceptive</b> screening for 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 <b>comprehensive</b> evaluation below. <b>Points are not required.</b>			
Comments:			
This referral is a <b>Comprehensive</b> screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child). Record all measurements in the order below, round off to the nearest millimeter (mm), multiply if necessary and total points.			
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 Points</b>		0	
Special consideration may be given if the index is between 18 and 20 points and includes: x-rays; a narrative description; evidence of the child's oral hygiene and child and parent's 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 eligible at the beginning of the treatment phase.			
Screener		Title	
			

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