

Orthodontic Screening Guide for North Dakota Health Tracks Nurses



ORTHODONTIC SCREENING GUIDE FOR NORTH DAKOTA HEALTH TRACKS NURSES



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This manual is also available online at:

- **www.ndhealth.gov/oralhealth**
- **www.nd.gov/dhs/services/medicalserv/medicaid/provider.html**

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TABLE OF CONTENTS

Preface.....	2
Introduction.....	2
Training Objectives.....	2
Orthodontic Treatment Options Under Health Tracks.....	3
Cleft Lip or Cleft Palate.....	3
Interceptive Orthodontic Treatment.....	3
Comprehensive Orthodontic Treatment.....	3
Orthodontic Screening.....	4
When To Start Screening Children for Orthodontic Referral.....	4
When To Refer Children for Orthodontic Evaluation.....	5
Use of Screening Results.....	5
Understanding Malocclusions.....	6
Cleft Lip or Cleft Palate.....	7
Positioning of Teeth for Classifying Malocclusions.....	8
Interceptive Orthodontic Screening Malocclusions.....	8
Anterior cross bite.....	8
Posterior cross bite.....	8
Ectopic central incisor.....	8
Comprehensive Orthodontic Screening Malocclusions.....	9
Over jet.....	9
Over bite.....	9
Mandibular protrusion.....	10
Anterior open bite.....	10
Impacted teeth.....	10
Crowding.....	11
Cross bite.....	12
Habits that affect arch development.....	13
Infection Control Procedures for Screening.....	14
Conclusion.....	15
Appendix A – Glossary.....	17
Appendix B – Screening Supplies.....	18
Appendix C – Reference Guide for Health Tracks Orthodontic Screening.....	19
Appendix D – Orthodontic Screening Tools.....	21
Appendix E – Health Tracks Orthodontic Screening Form Sample.....	31
References.....	34

PREFACE

This guide was written to assist Health Tracks nurses in understanding orthodontic terminology and to establish basic guidelines for screening and referral of children. The information presented in the guide covers only the malocclusions used in the North Dakota Health Tracks (EPSDT) inceptive 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 that cannot be prevented. Sometimes malocclusion 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 North Dakota Department of Health's Oral Health Program developed this guide to assist in training Health Tracks (EPSDT) screeners, as well as to 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 the advice of a licensed dentist 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 treatment under the North Dakota Medicaid Program will include only treatment of anterior and posterior cross bites and minor treatment for tooth guidance in the transitional dentition. This may include treatment for an ectopic (severely mal-positioned) incisor. **Points are not necessary in the interceptive screening process.**

Comprehensive Orthodontic Treatment

Comprehensive orthodontic treatment under the North Dakota Medicaid Program 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 use of an orthodontic index. Children must have 20 or more points to be eligible for treatment. Special consideration may be given if the index is between 18 and 20 points, and if 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, use of 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

Children ages 7 through 10 should be screened for an interceptive orthodontic referral. Conditions to be referred are **anterior cross bite, posterior cross bite, and ectopic (mal-positioned) incisor.**

Comprehensive

Children should be screened for a comprehensive orthodontic referral beginning at age 10. 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.

Children being treated in phases do not need to be rescreened at the beginning of Phase II if they have been previously approved for Phase I. However, the child must be North Dakota Medicaid eligible at the beginning of Phase II, or arrangements must be made with the family as with any other private pay patients.

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

Children who have anterior or posterior cross bites, or ectopic (mal-positioned) 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

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 administrator.

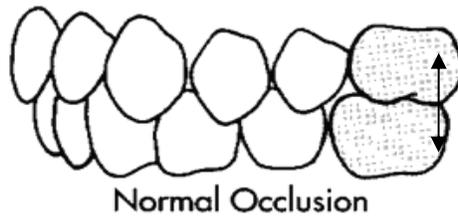
Use of Screening Results

- 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 in further detail 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.



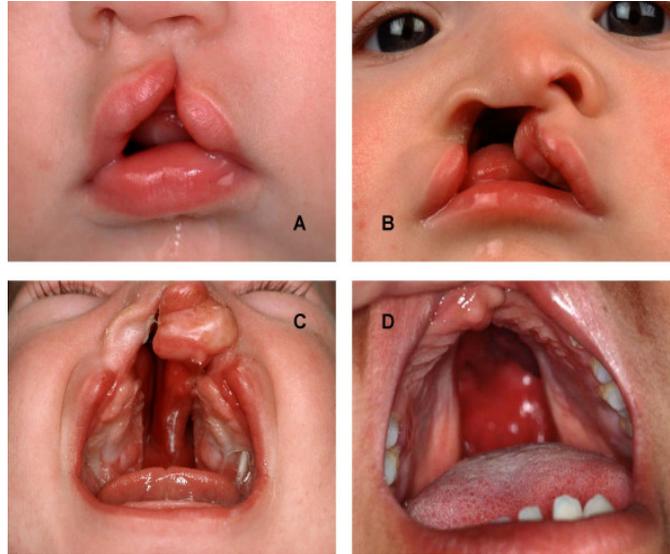
Picture courtesy of BioMed Central

Primary Teeth: Tooth Development and Identification Charts			
ERUPT	SHED		UPPER TEETH
8-12 mos.	6-7 yrs.		Central incisor
9-13 mos.	7-8 yrs.		Lateral incisor
16-22 mos.	10-12 yrs.		Canine (cuspid)
13-19 mos.	9-11 yrs.		First molar
25-33 mos.	10-12 yrs.		Second molar
ERUPT	SHED		LOWER TEETH
23-31 mos.	10-12 yrs.	Second molar	
14-18 mos.	9-11 yrs.	First molar	
17-23 mos.	9-12 yrs.	Canine (cuspid)	
10-16 mos.	7-8 yrs.	Lateral incisor	
6-10 mos.	6-7 yrs.	Central incisor	

Eruption and shed of primary teeth

CLEFT LIP OR CLEFT PALATE

1. **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.



Pictures 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 or 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.**

1. **Anterior cross bite.** Any of the upper anterior (front) teeth are lingual (inside) the lower front teeth.



Anterior cross bite



Anterior cross bite (lateral tooth only)

2. **Posterior cross bite.** The upper or lower posterior (back) teeth are either facial (outside) or lingual (inside) to their normal position.



Open bite



Posterior cross bite

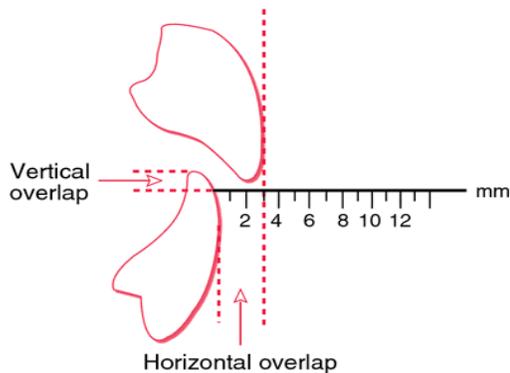
3. **Ectopic central incisor.** An ectopic incisor is a severely mal-positioned incisor.



Ectopic incisor

COMPREHENSIVE ORTHODONTIC SCREENING MALOCCLUSIONS

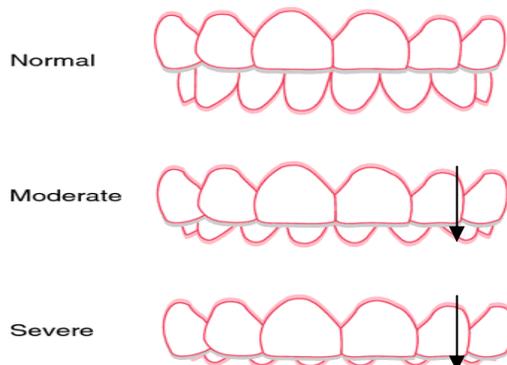
1. **Over jet.** The upper front teeth are too far in front of the lower front teeth. Teeth may or may not appear crooked.



Severe over bite

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.

2. **Over bite.** 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).



Severe over bite

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.

3. **Mandibular protrusion (mandibular over jet).** The lower front teeth are too far in front of the upper front teeth.



Mandibular over jet

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

4. **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.



Measuring open bite

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

5. **Impacted teeth (anterior only).** Teeth which have developed but have not erupted properly in the mouth.



Impacted cuspid

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).

- 6. Crowding:** Space in the upper or lower arch that is insufficient to accommodate teeth in normal alignment.
- a. **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.



Moderate crowding

- b. **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

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.

7. Cross bite:

- a. **Anterior cross bite.** One or more of the upper front teeth are lingual (inside) the lower front teeth.



Anterior cross bite



Anterior cross bite involving one lateral tooth only

- b. **Posterior cross bite.** The upper and lower posterior teeth are either facial (outside) or lingual (inside) to their normal position.



Open bite



Posterior cross bite

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 cross bite.

8. 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 that continued beyond age 5. 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, 2 points should be recorded.

INFECTION CONTROL PROCEDURES FOR SCREENING

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (Standard Precautions) has 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 bloodborne 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 the 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.
- Specific precautions which must be taken with trash, sharp objects and linen which is soiled with blood and certain other body fluids.
- 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 the 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 the 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 the 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.

CONCLUSION

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 mal-occlusion 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 20 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: 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 referral – 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.

Over bite – Extension of the upper anterior (front) teeth over the lower anterior (front) teeth when jaws are closed normally.

Over jet – 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
 - 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 cross bite
 - Posterior cross bite
 - Ectopic (malformed) incisor

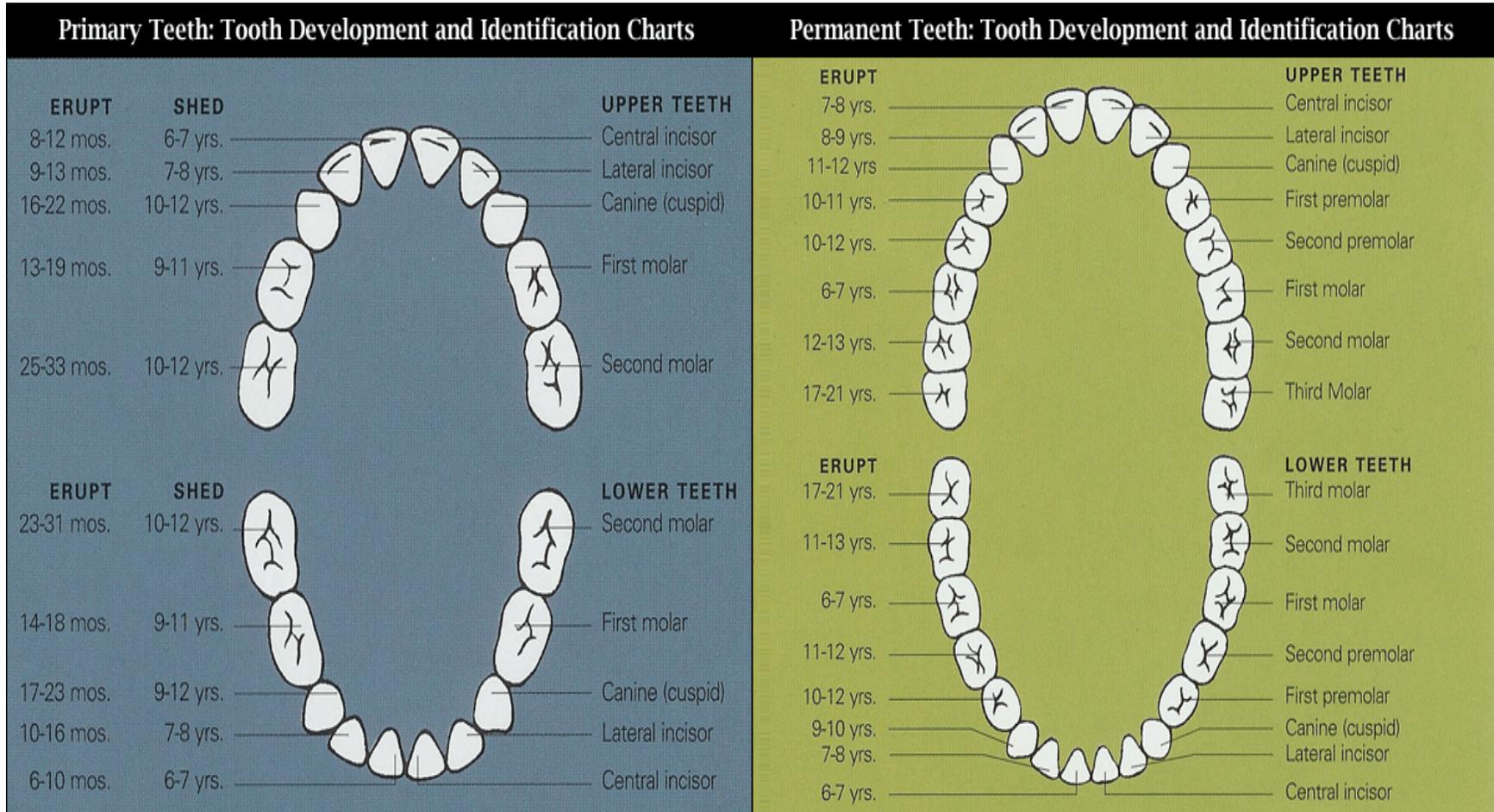
Comprehensive Ortho Screening:

- 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:
 - Over jet
 - Over bite
 - Mandibular protrusion (mandibular over jet)
 - Anterior open bite
 - Impacted teeth (anterior teeth only)
 - Crowding
 - Anterior cross bite
 - Posterior cross bite
 - 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 AND PERMANENT TEETH TOOTH DEVELOPMENT AND IDENTIFICATION CHARTS



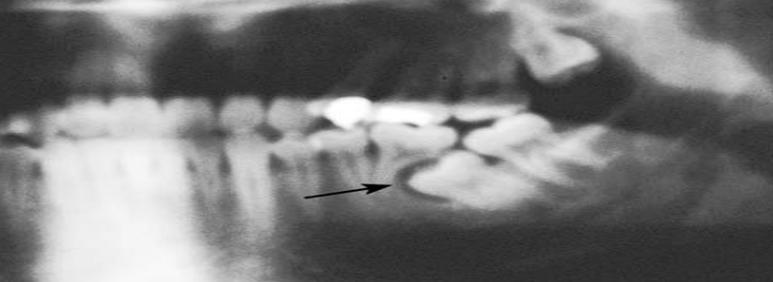
**ORTHODONTIC SCREENING TOOL INTERCEPTIVE SCREENING
IMMEDIATE REFERRAL**

Type of Treatment	Screening Age	Condition	Example	Points to Screen	Referral
Interceptive Screening	7 through 10 yrs of age	Malocclusions: Anterior cross bite Posterior cross bite Ectopic incisors		No	Immediate referral to an orthodontist for evaluation and early treatment

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

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

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

Age	Malocclusion Conditions	Example	Points to Screen	Referral
Any age qualifies	Anterior open bite		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
Any age qualifies	Impacted anterior teeth		Multiply # of impacted teeth by 5	Screening with 20 or more points or 18 points with special conditions should be referred to an orthodontist
Any age qualifies	Moderate crowding		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)**

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

Age	Malocclusion Conditions	Example	Points to Screen	Referral
Any age qualifies	Habits Finger sucking Thumb sucking Tongue thrusting		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 Orthodontic Screening Form (SFN 61) online,
go to www.nd.gov/eforms/Doc/sfn00061.pdf.

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