HEALTH TRACKS COMPREHENSIVE ORTHODONTIC SCREENING

DEPARTMENT OF HUMAN SERVICES, MEDICAL SERVICES DIVISION
DEPARTMENT OF HEALTH
SFN 61 (12-2021)

Clear Fields

Name	Date
ND Medicaid ID Number	Date of Birth

This **immediate** referral is for a Cleft Lip or Cleft Palate

Comments:

This referral is a limited (formerly known as Interceptive) screening for the evaluation of orthodontic treatment based upon:
Points are not required

☐ 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:

This referral is a **Comprehensive** screening for evaluation of orthodonitc 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)	
Total Points		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