

Test Booklet for Orthodontic Screening for North Dakota Health Tracks Nurses



north dakota
department of
human services



NORTH DAKOTA
DEPARTMENT of HEALTH

**HEALTH TRACKS
ORTHODONTIC SCREENING TESTS**

HEALTH TRACKS ORTHODONTIC SCREENING FORM

TEST J

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 61 (Revised 6-2012)

Name	Date
ND Medicaid ID Number	Date of Birth

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

Comments:

This referral is an **Interceptive** screening for evaluation of orthodontic treatment based upon:

_____ Anterior cross bite	_____ Ectopic (mal-positioned incisors)
_____ Posterior cross bite	_____ 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. **Points are not required.**

Comments:

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). Record all measurements in the order below, round off to the nearest millimeter (mm), multiply if necessary and total points.

CONDITION	MEASUREMENT	SCORE
Over jet	Measure over jet in mm	4
Over bite	Measure over bite in mm	1
Mandibular protrusion (lower front teeth)	Measure number of mm between arch protrusion and multiply by 5	
Anterior open bite	Measure number of mm at largest open space and multiply by 4 2 mm x 4	8
Impacted anterior teeth (both arches)	Count number of impacted teeth, multiply by 5 <i>Tooth number 11.</i>	5
Moderate crowding of teeth	Add 2 pts per arch (upper and/or lower)	4
Severe crowding of teeth	Add 4 pts per arch (upper and/or lower)	
Number of teeth in anterior cross bite	Add number of teeth and multiply by 2	
Number of teeth in posterior cross bite	Add number of teeth and multiply by 2	
Habits affecting arch development	Add 2 pts finger or thumb sucking; tongue thrusting	
TOTAL POINTS		22

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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For more information, contact:

Health Tracks

Medical Services Division

North Dakota Department of Human Services

600 E. Boulevard Ave., Dept. 325

Bismarck, N.D. 58505-0250

701.328.2323

800.755.2604 (toll-free)

www.nd.gov/dhs

Oral Health Program

Division of Family Health

North Dakota Department of Health

600 E. Boulevard Ave., Dept. 301

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