Ohio Department of Medicaid

# EVALUATION FOR COMPREHENSIVE ORTHODONTIC TREATMENT

| Last Name | First Name | Medicaid ID Number | Date of Birth |
|---|---|---|---|
| | | | |

*Cases must be considered, reviewed, and approved on a case-by-case basis. Generally, comprehensive orthodontic care (D8080) will require management of all permanent teeth except 3rd molars and as a guideline can begin for females at age 10 years and males at 12 years or if all permanent teeth except 2nd molars are at least partially present unless missing or impacted. This will allow for adequate treatment time for growth modification, if necessary, and control of all permanent teeth.*

**PROCEDURE** *(use this score sheet and a Boley Gauge or disposable ruler):*

- **Indicate by checkmark next to A, B, or C, which criteria you are submitting for review**
- Position the patient's teeth in centric occlusion for photos and cephalometric radiographs with the lips relaxed for both
- Record all measurements in the order given and round off to the nearest millimeter (mm)
- ENTER SCORE "0" IF CONDITION IS ABSENT IN SECTION B

| **A. ☐ CONDITIONS 1 – 7 ARE AUTOMATIC QUALIFIERS** *(place "X" if present)* | | Provider | Plan Only |
|---|---|---|---|
| 1. | Overjet: greater than 9.0 mm | ☐ | ☐ |
| 2. | Reverse overjet: greater than 3.5 mm | ☐ | ☐ |
| 3. | Anterior crossbite of 2 or more teeth with evidence of gingival recession | ☐ | ☐ |
| 4. | Impinging overbite – tissue laceration and/or clinical attachment loss must be present | ☐ | ☐ |
| 5. | Anterior impactions where eruption is impeded but extraction is not indicated | ☐ | ☐ |
| 6. | Jaws and/or dentition which are profoundly affected by a congenital or developmental disorder (craniofacial anomalies), trauma, or pathology | ☐ | ☐ |
| 7. | Crowding greater than 8.0 mm in maxillary arch only | ☐ | ☐ |

**CONTINUE TO SECTION BELOW AND SCORE ALL PRESENT CONDITIONS**

| **B. ☐ CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY** | | | Provider | Plan Only |
|---|---|---|---|---|
| 8. | **Overjet** (measurement must be greater than 2 mm – see instructions on page 2) | mm____ x 1= | | |
| 9. | **Overbite** (measurement must be greater than 2 mm – see instructions on page 2) | mm____ x 1= | | |
| 10. | **Mandibular protrusion** (reverse overjet, **"underbite"** – see instructions on page 2) | mm____ x 5= | | |
| 11. | **Anterior open bite** (do not count ectopic teeth – see instructions on page 2) | mm____ x 4= | | |
| 12. | **Ectopic teeth** (excludes 3rd molars) # teeth (score 0 if crowding is claimed) | #____ x 3= | | |
| 13. | **Congenitally missing posterior teeth** (excluding third molars) | #____ x 3= | | |
| 14. | **Anterior crowding of maxilla** (greater than 3.5 mm) if present score as 5 | x 5= | | |
| 15. | **Anterior crowding of mandible** (greater than 3.5 mm) if present score as 5 | x 5= | | |
| 16. | **Labio-lingual spread** (either measure a displaced tooth from the normal arch form, the labial-lingual distance between adjacent anterior teeth, or the anterior mesio-distal spacing between adjacent anterior teeth – see rules on page 2) | mm____ x 1= | | |
| 17. | **Posterior crossbite** (2 or more teeth – 1 must be a molar), score only once as 4 | 4= | | |
| 18. | **Posterior impactions (**see scoring rules on page 2, excludes 3rd molars) | #____ x 3= | | |
| 19. | **Psychiatrist/psychologist/speech therapist-diagnosed condition** (instructions on page 2) | x 10= | | |
| | **TOTAL SCORE** *(must score **22** points or more to qualify)* | | | |

| **C. ☐ Other reason to consider orthodontic case** *(see provider notes)* | | | |
|---|---|---|---|
| Provider Signature *(Provider attests to the accuracy stated above)* | | | Date |
| First Name | Last Name | NPI Number | Phone Number |
| | | | |

Other Conditions and Provider Notes

Plan Only Notes

**INSTRUCTIONS FOR COMPLETING ODM 03630 SCORING INSTRUCTIONS**

The provider is encouraged to score the case and exclude any case that obviously would *not* qualify for treatment. Upon completion of the Form 03630 score sheet, review all measurements and calculations for accuracy.

1. Indicate by checkmark next to Section A, B, or C to indicate which criteria you are submitting for review.
2. Position the patient's teeth in centric occlusion for lateral and frontal intraoral photographic images.
3. Record all measurements in the order given and round off to the nearest millimeter (use a ruler to show measurements).
4. Enter the score of "0" for section elements in the B Section if using Section B to qualify and the condition is absent.

**A. CONDITIONS 1 - 7 ARE AUTOMATIC QUALIFIERS** (indicate with an "X" if condition is present)

**B. CONDITIONS 8 - 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY**

8. **Overjet** --this is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of the lower incisor to the incisal edge of upper incisor. Measure parallel to the occlusal plane. Only use central incisors. The measurement may apply to only one (1) tooth if it is severely protrusive. Do *not* record overjet and mandibular protrusion (reverse overjet) on the same patient. Enter measurement if greater than 2 mm and multiply by one (1).
9. **Overbite** --a pencil mark on the tooth indicating the extent of the overlap assists in making this measurement. Hold the pencil parallel to the occlusal plane when marking and use the incisal edge of one of the upper central incisors. Do *not* use the upper lateral incisors or cuspids. The measurement is done on the lower incisor from the incisal edge to the pencil mark. "Reverse" overbite may exist and should be measured on an upper central incisor - from the incisal edge to the pencil mark. Do *not* record overbite and open bite on the same patient. Enter measurement if greater than 2 mm and multiply by one (1).
10. **Mandibular (dental) protrusion or reverse overjet** --measured from the labial surface of the upper incisor to the incisal edge of the lower incisor. Measure parallel to the occlusal plane. Only use central incisors for this measurement. Do *not* record mandibular protrusion (reverse overjet) and overjet on the same patient. The measurement is entered on the score sheet and multiplied by five (5).
11. **Open bite** --measured from the incisal edge of an upper central incisor to the incisal edge of a lower incisor. Do *not* use the upper lateral incisors or cuspids for this measurement. Do *not* record overbite and open bite on the same patient. The measurement is entered on the score sheet and multiplied by four (4).
12. **Ectopic eruption*** -- Refers to an unusual pattern of eruption, such as a high canine. Count each tooth excluding third molars. Enter the number of teeth and multiply by three (3). If anterior crowding of either arch is claimed, ectopic eruption must be scored as "0."
13. **Congenitally missing posterior teeth** –, excluding third molars. Enter number of teeth and multiply by three (3).
14. **Anterior crowding of maxilla*** --anterior arch length insufficiency *must* exceed 3.5 mm. Score only fully erupted incisors and canines. Mild rotations that may react favorably to stripping or mild expansion procedures are *not* to be scored as crowded. Score one (1) point for a maxillary arch with anterior crowding and multiply by five (5).

15. **Anterior crowding of mandible*** -- anterior arch length insufficiency *must* exceed 3.5 mm. Score only fully erupted incisors and canines. Mild rotations that may react favorably to stripping or mild expansion procedures are *not* to be scored as crowded. Score one (1) point for mandibular arch with anterior crowding and multiply by five (5).

16. **Labio-lingual spread** --use a measurement tool is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded tooth and the lingually displaced anterior tooth is measured. If multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but only the most severe individual measurement should be entered on the index. Additionally, anterior spacing may be measured as the total score in mm of the spacing from the mesial of the canine to the mesial of the opposite canine, totaling both arches. Score only the greater score attained by either of these two methods, and multiply by one (1).

17. **Posterior crossbite** --this condition involves two (2) or more posterior teeth, one (1) of which *must* be a molar. The crossbite *must* be one in which the maxillary posterior teeth involved may be palatal to normal relationships or completely buccal to the mandibular posterior teeth. The presence of posterior crossbite is indicated by a score of four (4) on the score sheet.

18. **Posterior impactions** – where eruption is impeded but extraction is not indicated, excluding third molars. Enter number of teeth and multiply by three (3).

19. **A) Psychosocial Injury Cases**** – Patient experiences clinically significant distress or impaired psychosocial functioning substantially contributed to by the patient's malocclusion. This is supported by a diagnosis verified with documentation from a psychologist or psychiatrist following a screening examination or interview. Score as 10; or,
**B) Speech Impairment Cases**** – Patient experiences significant speech impairment which is diagnosed as a speech or language pathology caused by the patient's malocclusion. This is verified with documentation from a speech therapist following a screening evaluation or interview. Score as 10.

*** Either ectopic eruption or anterior crowding in the same arch may be counted, but not both.**

**** 19.A or 19.B (not both)** must be combined with scored conditions: **19A** with points from 8, 10, 11, 12, 14, and 16; **OR 19B** with points from 8, 10, 11, 16, and 17 for total scoring.

**C. Other reason to consider orthodontic case** – enter reason(s) in provider notes section.