

# OHIO ORTHODONTIC CRITERIA

**Revised Form 03630  
Effective January 2026**

# Goals

- Clarify updated required documentation as well as updated clinical criteria
- Save providers time & resources
- Give providers guidance on how to accurately fill out updated ODM Form 03630 prior to submission
- **\*\*Note:** *This presentation is an overview; please reference official scoring guide for comprehensive instructions and information.*

# UPDATED DOCUMENTATION REQUIREMENTS

# Documentation Requirements to Evaluate for Comprehensive Orthodontic Treatment

- Revised ODM Form 03630, effective 1/1/2026, replaces all previously existing versions of Form 03630. This revised form must be *filled out & submitted* with all comprehensive orthodontic case submissions beginning 1/1/2026
- Current (within 6 months) and dated diagnostic quality lateral cephalometric image with a calibration gauge on the image – teeth must be in centric occlusion with lips relaxed
- Current (within 6 months) and dated diagnostic quality panoramic image

# Documentation Requirements to Evaluate for Comprehensive Orthodontic Treatment

- Eight (8) diagnostic quality, full color photo images as follows:
  - Three (3) extraoral images – teeth in centric occlusion with lips relaxed
    - Frontal face, frontal posed smile, and right lateral facial view
  - Five (5) intraoral images
    - Right, left, and frontal views with teeth in centric occlusion
    - Maxillary and mandibular occlusal views

# Additional Required Supporting Documentation

- A definitive diagnosis and comprehensive treatment plan with treatment timeline
- Clinical chart/treatment notes documenting conditions supporting the diagnosis and treatment plan
- When psychosocial injury or speech-related medical necessity is a consideration
  - Letter of definitive psychosocial injury diagnosis and treatment notes from the member's psychiatrist, psychologist, or speech pathologist/therapist

# REVISED CRITERIA FORM

Form 03630

# Updated Criteria Form and Scoring Instructions

## FORM 03630

Name (Last, First): \_\_\_\_\_ Medicaid ID: \_\_\_\_\_ DOB: \_\_\_\_\_

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 3<sup>rd</sup> molars and as a guideline can begin for females at age 10 years and males at 12 years or if all permanent teeth except 2<sup>nd</sup> 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. <input type="checkbox"/> CONDITIONS 1 – 7 ARE AUTOMATIC QUALIFIERS (place "X" if present)	Provider	Plan/ODM Only
1. Overjet: greater than 9.0 mm	<input type="checkbox"/>	<input type="checkbox"/>
2. Reverse overjet: greater than 3.5 mm	<input type="checkbox"/>	<input type="checkbox"/>
3. Anterior crossbite of 2 or more teeth with evidence of gingival recession	<input type="checkbox"/>	<input type="checkbox"/>
4. Impinging overbite – tissue laceration and/or clinical attachment loss must be present	<input type="checkbox"/>	<input type="checkbox"/>
5. Anterior impactions where eruption is impeded but extraction is not indicated	<input type="checkbox"/>	<input type="checkbox"/>
6. Jaws and/or dentition which are profoundly affected by a congenital or developmental disorder (craniofacial anomalies), trauma, or pathology	<input type="checkbox"/>	<input type="checkbox"/>
7. Crowding greater than 8.0 mm in maxillary arch only	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUE TO SECTION BELOW AND SCORE ALL PRESENT CONDITIONS

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY	Provider	Plan/ODM 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 3 <sup>rd</sup> 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 x 5= _____		
18. Posterior impactions (see scoring rules on page 2, excludes 3 <sup>rd</sup> 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 \_\_\_\_\_

Print Name \_\_\_\_\_ NPI # \_\_\_\_\_

Phone # \_\_\_\_\_

Other Conditions and Provider Notes \_\_\_\_\_

Plan/ODM Only Notes \_\_\_\_\_

## FORM 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. Dental work must be completed, and oral hygiene must be good BEFORE orthodontic treatment is approved.
2. Indicate by checkmark next to Section A, B, or C to indicate which criteria you are submitting for review.
3. Position the patient's teeth in centric occlusion for lateral and frontal intraoral photographic images.
4. Record all measurements in the order given and round off to the nearest millimeter (use a ruler to show measurements).
5. 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 incisal edge at the labial surface of a lower incisor to the incisal edge of the labial surface of an upper central incisor. Measure parallel to the occlusal plan. 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 incisal edge of the labial surface of a lower incisor to the incisal edge of the labial surface of an upper central incisor. 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 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.

\*\* 19A or 19B (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.



# General Items to Consider

- From Criteria Form:

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 3<sup>rd</sup> molars and as a guideline can begin for females at age 10 years and males at 12 years or if all permanent teeth except 2<sup>nd</sup> 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.

- From 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.

# General Items to Consider

- From Scoring Instructions:
  - 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**

# Basic Procedures for Documenting Conditions on ODM Form 03630

- Use of a plastic millimeter (mm) ruler, Boley gauge, periodontal probe with clear 1.0mm markings from 1.0-10mm, and/or a calibrated lateral cephalometric radiograph *must be included and used with submitted image documents when measurements are required.*
- Enter the patient's name, Medicaid ID#, and date of birth on the top section of Form 03630 and mark the box for the D8080 case-qualifying section (A,B or C), whichever is applicable.
- Remember to position the patient's teeth in centric occlusion for photos and cephalometric radiographs with lips at rest for both
- Record all measurements in the order given and round to the nearest mm.

# Automatic Qualifiers

A. ☐ CONDITIONS 1 – 7 ARE AUTOMATIC QUALIFIERS (place "X" if present)

Provider

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

☐

## 1. Overjet

- a. The overjet **MUST** be greater than 9.0 mm when measured with a mm ruler, Boley gauge, periodontal probe, or calibrated lateral cephalometric radiograph with a mm ruler evident in the image.
- b. The patient's teeth **MUST** be in centric occlusion.
- c. The measurement **MUST** be made from the labial surface of the mandibular central incisor to the incisal edge of the maxillary central incisor while the measuring instrument is parallel to the occlusal plane.

# Overjet

In excess of 9mm. Must be measured from central incisors



# Overjet

Photos and/or cephalogram should clearly demonstrate the presence of this condition.

Accurate photos with a ruler or perio probe are required unless a calibrated ceph is included (but still helps with accuracy even if calibrated ceph is included)



# Overjet

Cephalogram with ruler visible allows for accurate measurement



# Automatic Qualifiers

A. ☐ CONDITIONS 1 – 7 ARE AUTOMATIC QUALIFIERS (place "X" if present)

Provider

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

☐

## 2. Reverse Overjet

- a. The reverse overjet **MUST** be greater than 3.5 mm when measured with a mm ruler, Boley gauge, periodontal probe, or calibrated lateral cephalometric radiograph with a mm ruler evident in the image.
- b. The patient's teeth **MUST** be in centric occlusion.
- c. Measurement **MUST** be made from the labial surface of the most labial mandibular incisor to the incisal edge of the maxillary incisor counterpart while the measuring instrument is parallel to the occlusal plane.

**\*\*NOTE:** This cannot be measured/qualify from only one tooth in crossbite



# Automatic Qualifiers

A. ☐ CONDITIONS 1 – 7 ARE AUTOMATIC QUALIFIERS (place "X" if present)

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

Provider

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## 3. Anterior Crossbite

- a. The anterior crossbite **MUST** involve two (2) or more anterior teeth and have photo evidence of gingival recession evidenced by reduced keratinized facial tissue relative to adjacent incisors.



# Automatic Qualifiers

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

## 4. Impinging Overbite

- a. For an impinging overbite, one of the following conditions **MUST** be present and verified.
  - i. Photo evidence of palatal soft tissue laceration or
  - ii. Clinical attachment loss as shown in a close-up photo of the injured area.

# Automatic Qualifiers

A. ☐ CONDITIONS 1 – 7 ARE AUTOMATIC QUALIFIERS (place "X" if present)

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

Provider

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# Automatic Qualifiers

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

## 5. Anterior Impactions

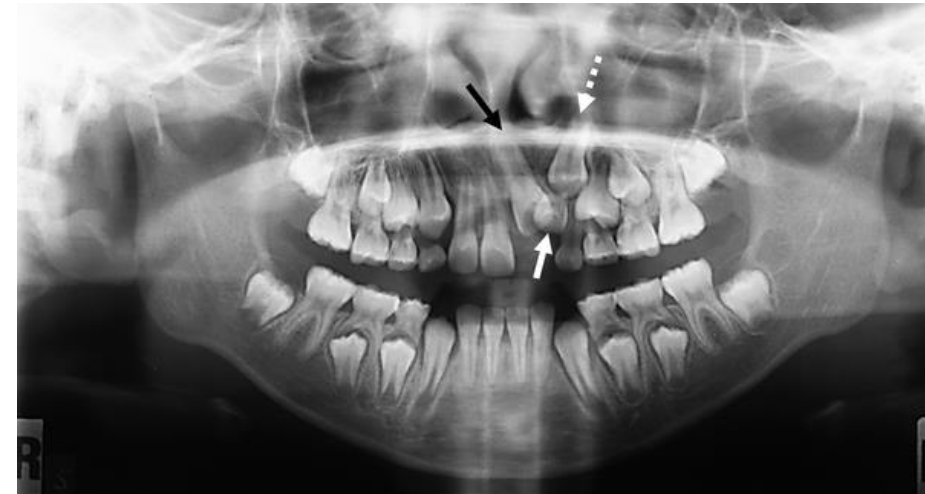
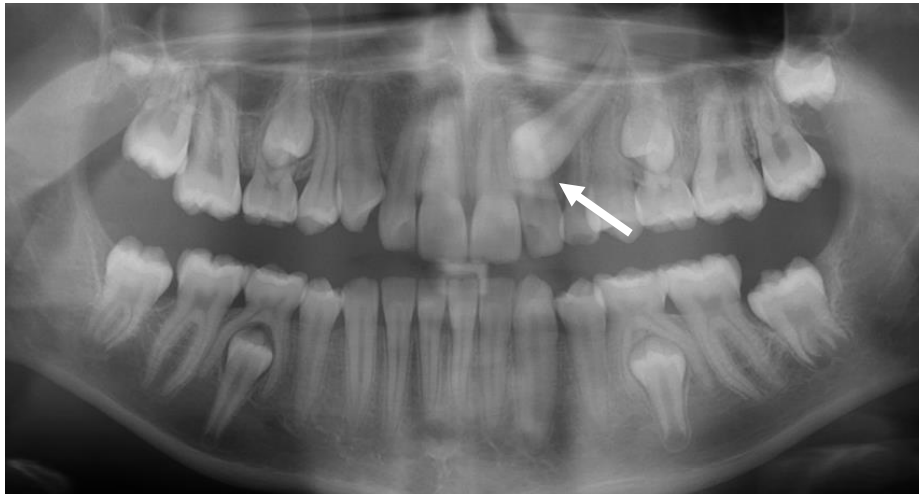
- a. Anterior Impactions – **MUST** have both the following conditions present
  - i. Eruption is impeded as compared to the contralateral tooth and root formation of the impacted tooth is advanced beyond its eruption status
  - ii. Extraction of the impacted tooth is not indicated

# Automatic Qualifiers

A. ☐ CONDITIONS 1 – 7 ARE AUTOMATIC QUALIFIERS (place "X" if present)

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

Provider

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# Automatic Qualifiers

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

## 6. Jaw Disorders

- a. For jaw disorders, the jaw and/or dentition **MUST** be profoundly affected by one of the following conditions as supported by diagnostic photos and radiographs
  - i. Congenital disorder
  - ii. Developmental disorder (craniofacial anomalies)
  - iii. Trauma
  - iv. Pathology

# Automatic Qualifiers

A. ☐ CONDITIONS 1 – 7 ARE AUTOMATIC QUALIFIERS (place "X" if present)

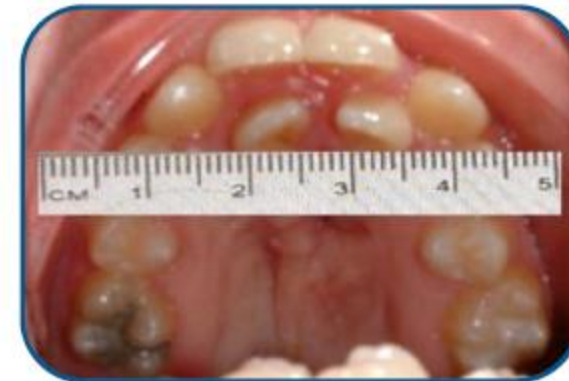
1. Overjet: greater than 9.0 mm
2. Reverse overjet: greater than 3.5 mm
3. Anterior crossbite of 2 or more teeth with evidence of gingival recession
4. Impinging overbite – tissue laceration and/or clinical attachment loss must be present
5. Anterior impactions where eruption is impeded but extraction 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

Provider

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## 7. Anterior Maxillary Crowding

- a. Maxillary anterior crowding **MUST** be greater than 8.0 mm in the maxillary arch **only**
- b. You may **only** score fully erupted incisors and canines
- c. Mild rotations that may react favorably to stripping or mild expansion procedures are **NOT** to be scored as crowded
- d. A supplemental intraoral occlusal photo of the maxillary canine-to-canine area, including a millimeter ruler, **MUST** be submitted



*Supplemental Photo Example*



# If no Autoqualifiers present...

Move on to Section B for scoring



# Conditions for Scoring (22 points or more for approval)

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY	<u>Provider</u>
8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
10. <b>Mandibular protrusion</b> (reverse overjet, " <b>underbite</b> " – see instructions on page 2)	mm _____ x 5= _____
11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm _____ x 4= _____
12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	# _____ x 3= _____
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	# _____ x 3= _____
14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____
16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____
19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2)	x 10= _____
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)	_____
C. <input type="checkbox"/> Other reason to consider orthodontic case (see provider notes)	

# Overjet Scoring

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).**



# Conditions for Scoring (22 points or more for approval)

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY	<u>Provider</u>
8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
10. <b>Mandibular protrusion</b> (reverse overjet, " <b>underbite</b> " – see instructions on page 2)	mm _____ x 5= _____
11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm _____ x 4= _____
12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	# _____ x 3= _____
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	# _____ x 3= _____
14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____
16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____
19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2)	x 10= _____
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)	_____
C. <input type="checkbox"/> Other reason to consider orthodontic case (see provider notes)	

# Overbite Scoring

## 9. Overbite

- a. For overbite, the patient's teeth **MUST** be in centric occlusion
- b. Using a pencil (or wax marker), hold the pencil parallel to the occlusal plane at the incisal edge of the maxillary central incisor and place a mark on the mandibular central incisor (only central incisors may be used for measurements)
- c. Measure from the pencil mark to the incisal edge of the mandibular central incisor and include a substantiating photo
- d. Only measurements greater than 2.0 mm may be entered on the line in the Provider column on Page 1
- e. If measurement is 2.0 mm or less, enter a score of "0"



*Mark the overbite with a wax marker*



*Have the patient open and measure from the incisal edge to the mark*

# Conditions for Scoring (22 points or more for approval)

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY	<u>Provider</u>
8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
10. <b>Mandibular protrusion</b> (reverse overjet, "underbite" – see instructions on page 2)	mm _____ x 5= _____
11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm _____ x 4= _____
12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	# _____ x 3= _____
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	# _____ x 3= _____
14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____
16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____
19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2)	x 10= _____
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)	_____
C. <input type="checkbox"/> Other reason to consider orthodontic case (see provider notes)	

# Mandibular Protrusion/Reverse Overjet Scoring

## 10. Reverse Overjet

- a. For a reverse overjet, measure with a mm ruler, Boley gauge, periodontal probe, or calibrated lateral cephalometric radiograph with a mm ruler evident in the image.
- b. The patient's teeth **MUST** be in centric occlusion.
- c. Measurement **MUST** be made from the labial surface of the most labial mandibular incisor to the incisal edge of the maxillary incisor counterpart while the measuring instrument is parallel to the occlusal plane.
- d. Multiply the measurement by 5 and enter the resultant number on the Provider column line on Page 1.





# Conditions for Scoring (22 points or more for approval)

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY	<u>Provider</u>
8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
10. <b>Mandibular protrusion</b> (reverse overjet, " <b>underbite</b> " – see instructions on page 2)	mm _____ x 5= _____
11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm _____ x 4= _____
12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	# _____ x 3= _____
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	# _____ x 3= _____
14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____
16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____
19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2)	x 10= _____
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)	_____
C. <input type="checkbox"/> Other reason to consider orthodontic case (see provider notes)	

# Anterior Open Bite Scoring

## 11. Open Bite

- a. Using a millimeter ruler, Boley gauge, or calibrated lateral cephalometric radiograph, measure from the labial surface of the incisal edge of the maxillary central incisor to the labial surface of the mandibular central incisor parallel to the occlusal plane.
- b. Patient's teeth **MUST** be in centric occlusion.
- c. Include a supplemental photo showing the measurement.
- d. Multiply the measurement by 4 and enter the resultant number on the Provider column line on Page 1.





# Conditions for Scoring (22 points or more for approval)

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY	<u>Provider</u>
8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm_____ x 1= _____
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm_____ x 1= _____
10. <b>Mandibular protrusion</b> (reverse overjet, "underbite" – see instructions on page 2)	mm_____ x 5= _____
11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm_____ x 4= _____
12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	#_____ x 3= _____
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	#_____ x 3= _____
14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____
16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	#_____ x 3= _____
19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2)	x 10= _____
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)	_____
C. <input type="checkbox"/> Other reason to consider orthodontic case (see provider notes)	

# Ectopic Teeth Scoring

## 12. Ectopic Eruption

- a. The indicated tooth must be in an unusual eruption pattern, such as a high canine or other teeth erupting bodily out of the line of occlusion and showing displacement, impaction, or resorption of adjacent teeth.
- b. Count the number of ectopic teeth, multiply that number by 3 and enter the resultant number on the line in the Provider column.
- c. If anterior crowding of either arch is claimed, ectopic eruption **MUST** be scored as "0".



# Conditions for Scoring (22 points or more for approval)

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY	<u>Provider</u>
8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
10. <b>Mandibular protrusion</b> (reverse overjet, " <b>underbite</b> " – see instructions on page 2)	mm _____ x 5= _____
11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm _____ x 4= _____
12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	# _____ x 3= _____
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	# _____ x 3= _____
14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____
16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____
19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2)	x 10= _____
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)	_____
C. <input type="checkbox"/> Other reason to consider orthodontic case (see provider notes)	

# Congenitally Missing Posterior Teeth Scoring

## 13. Congenitally Missing Posterior Teeth

- a. Third molars are excluded from counting.
- b. Only congenitally missing posterior teeth may be counted and must be missing compared to present contralateral tooth or absent age appropriately or for developmental sequence documented by a panoramic radiograph.
- c. Count the applicable missing teeth and multiply that number by 3 and enter the resultant number on the line in the Provider column.



# Conditions for Scoring (22 points or more for approval)

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY	<u>Provider</u>
8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm_____ x 1= _____
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm_____ x 1= _____
10. <b>Mandibular protrusion</b> (reverse overjet, " <b>underbite</b> " – see instructions on page 2)	mm_____ x 5= _____
11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm_____ x 4= _____
12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	#_____ x 3= _____
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	#_____ x 3= _____
14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____
16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	#_____ x 3= _____
19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2)	x 10= _____
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)	_____
C. <input type="checkbox"/> Other reason to consider orthodontic case (see provider notes)	

# Anterior Crowding of Maxilla/Mandible Scoring

## 14. Maxillary Anterior Crowding

- a. Anterior arch length insufficiency **MUST** exceed 3.5 mm.
- b. Score only fully erupted incisors and canines.
- c. Mild rotations that may react favorably to stripping or mild expansion procedures may **NOT** be scored as crowded.
- d. If greater than 3.5 mm, enter a score of 5 in the Provider column.
- e. Include supplemental maxillary occlusal photos using a millimeter ruler.



*Supplemental Photo Example*



# Anterior Crowding of Maxilla/Mandible Scoring

## 15. Mandibular Anterior Crowding

- a. Anterior arch length insufficiency **MUST** exceed 3.5 mm.
- b. Score only fully erupted incisors and canines.
- c. Mild rotations that may react favorably to stripping or mild expansion procedures may **NOT** be scored as crowded.
- d. If greater than 3.5 mm, enter a score of 5 in the Provider column.
- e. Include supplemental mandibular occlusal photos using a millimeter ruler.



*Supplemental Photo Example*

# Conditions for Scoring (22 points or more for approval)

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY	<u>Provider</u>
8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
10. <b>Mandibular protrusion</b> (reverse overjet, " <b>underbite</b> " – see instructions on page 2)	mm _____ x 5= _____
11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm _____ x 4= _____
12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	# _____ x 3= _____
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	# _____ x 3= _____
14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____
16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____
19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2)	x 10= _____
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)	_____
C. <input type="checkbox"/> Other reason to consider orthodontic case (see provider notes)	



# Labio-Lingual Spread Scoring

## 16. Labio-Lingual Spread

- a. Using a millimeter ruler or Boley gauge, measure the deviation from a normal arch, and show the measurement with a supplemental photo.
- b. Where there is only a protruded or lingually displaced anterior tooth, measure from the incisal edge to the normal arch line.
- c. Otherwise, the total distance between the most protruded tooth and the lingually displaced anterior tooth is measured.
- d. If multiple teeth are crowded, only use the most severe tooth.
- e. Alternatively, anterior spacing may be measured as the combined spacing from the mesial of one canine to the mesial of the other canine for both arches.
- f. Use the greater score of these two methods and enter the number in the line under the Provider column.



*Example: one tooth*



*Example: lingual to facial tooth*



*Example: spacing*

# Conditions for Scoring (22 points or more for approval)

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY	<u>Provider</u>
8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
10. <b>Mandibular protrusion</b> (reverse overjet, " <b>underbite</b> " – see instructions on page 2)	mm _____ x 5= _____
11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm _____ x 4= _____
12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	# _____ x 3= _____
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	# _____ x 3= _____
14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____
16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____
19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2)	x 10= _____
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)	_____
C. <input type="checkbox"/> Other reason to consider orthodontic case (see provider notes)	

# Posterior Crossbite Scoring

## 17. Posterior Crossbite

- a. Requires the presence of **two or more posterior teeth** in crossbite.
- b. One of the teeth **MUST** be a **permanent molar**.
- c. Posterior crossbite **MUST** show a maxillary tooth palatal to the normal relationship or be completely buccal to the mandibular posterior tooth.
  - i. If either condition is present, enter a score of 4 under the Provider column.



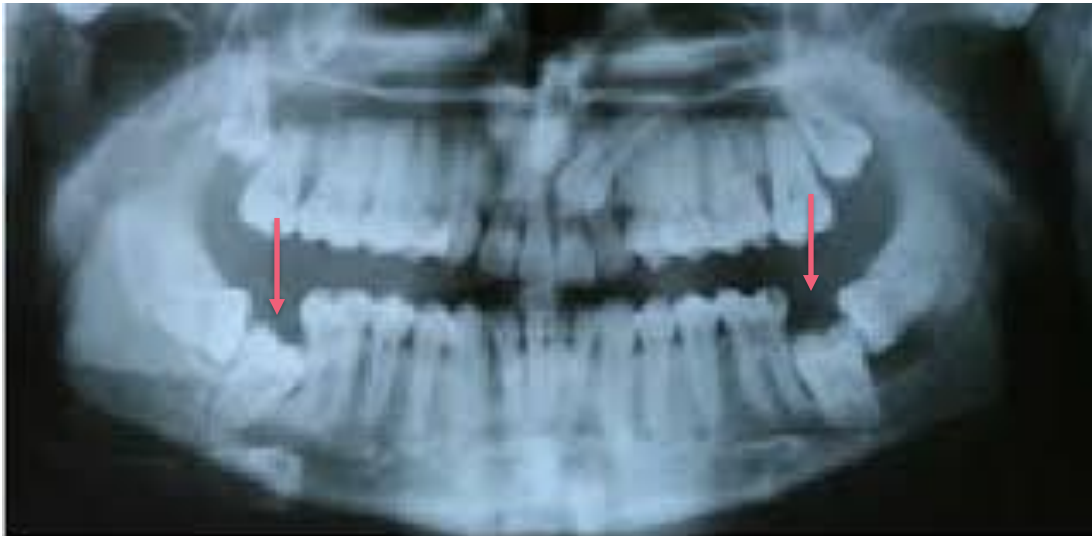
# Conditions for Scoring (22 points or more for approval)

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY	<u>Provider</u>
8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
10. <b>Mandibular protrusion</b> (reverse overjet, " <b>underbite</b> " – see instructions on page 2)	mm _____ x 5= _____
11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm _____ x 4= _____
12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	# _____ x 3= _____
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	# _____ x 3= _____
14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____
16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____
19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2)	x 10= _____
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)	_____
C. <input type="checkbox"/> Other reason to consider orthodontic case (see provider notes)	

# Posterior Impactions Scoring

## 18. Posterior Impactions

- a. Third molars are excluded.
- b. Eruption **MUST** be impeded, and extraction is not indicated, and documented by a panoramic radiographic image.
- c. Count the number of qualifying teeth and multiply that number by 3, then enter the resultant number on the line in the Provider column.



# Conditions for Scoring (22 points or more for approval)

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY	<u>Provider</u>
8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____
10. <b>Mandibular protrusion</b> (reverse overjet, " <b>underbite</b> " – see instructions on page 2)	mm _____ x 5= _____
11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm _____ x 4= _____
12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	# _____ x 3= _____
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	# _____ x 3= _____
14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____
16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____
19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2)	x 10= _____
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)	_____
C. <input type="checkbox"/> Other reason to consider orthodontic case (see provider notes)	



# Psychologist/Psychiatrist/Speech Therapist - Diagnosed Condition Scoring

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.

**\*\* 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.

## Psychosocial Injury Case

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY		Provider
→ 8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____	
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____	
→ 10. <b>Mandibular protrusion</b> (reverse overjet, "underbite" – see instructions on page 2)	mm _____ x 5= _____	
→ 11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm _____ x 4= _____	
→ 12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	# _____ x 3= _____	
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	# _____ x 3= _____	
→ 14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____	
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____	
→ 16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____	
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____	
→ 19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2) x 10=	_____	
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)		_____

## Speech Impairment Case

B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY		Provider
→ 8. <b>Overjet</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____	
9. <b>Overbite</b> (measurement must be greater than 2 mm – see instructions on page 2)	mm _____ x 1= _____	
→ 10. <b>Mandibular protrusion</b> (reverse overjet, "underbite" – see instructions on page 2)	mm _____ x 5= _____	
→ 11. <b>Anterior open bite</b> (do not count ectopic teeth – see instructions on page 2)	mm _____ x 4= _____	
12. <b>Ectopic teeth</b> (excludes 3 <sup>rd</sup> molars) # teeth (score 0 if crowding is claimed)	# _____ x 3= _____	
13. <b>Congenitally missing posterior teeth</b> (excluding third molars)	# _____ x 3= _____	
14. <b>Anterior crowding of maxilla</b> (greater than 3.5 mm) if present score as 5	x 5= _____	
15. <b>Anterior crowding of mandible</b> (greater than 3.5 mm) if present score as 5	x 5= _____	
→ 16. <b>Labio-lingual spread</b> (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. <b>Posterior crossbite</b> (2 or more teeth – 1 must be a molar), score only once as 4	4= _____	
18. <b>Posterior impactions</b> (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____	
→ 19. <b>Psychiatrist/psychologist/speech therapist-diagnosed condition</b> (instructions on page 2) x 10=	_____	
<b>TOTAL SCORE</b> (must score 22 points or more to qualify)		_____

## Section B Limitations

- Overjet and reverse overjet may not be claimed on the same patient
- Overbite and open bite may not be claimed on the same patient
- Ectopic eruption and anterior crowding in the same arch may not be claimed on the same patient – ***one of the two must be scored as “0”***
- Only one of Conditions 19-A (Psychosocial Injury) or 19-B (Speech Impairment) may be combined with the additional Conditions identified under the instructions for 19-A and 19-B for total scoring



# Section C. “Other Reason to Consider Orthodontic Case”

**FORM 03630**

Name (Last, First): \_\_\_\_\_ Medicaid ID: \_\_\_\_\_ DOB: \_\_\_\_\_

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 3<sup>rd</sup> molars and as a guideline can begin for females at age 10 years and males at 12 years or if all permanent teeth except 2<sup>nd</sup> 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/ODM Only
1. Overjet: greater than 9.0 mm	<input type="checkbox"/>	<input type="checkbox"/>
2. Reverse overjet: greater than 3.5 mm	<input type="checkbox"/>	<input type="checkbox"/>
3. Anterior crossbite of 2 or more teeth with evidence of gingival recession	<input type="checkbox"/>	<input type="checkbox"/>
4. Impinging overbite – tissue laceration and/or clinical attachment loss must be present	<input type="checkbox"/>	<input type="checkbox"/>
5. Anterior impactions where eruption is impeded but extraction is not indicated	<input type="checkbox"/>	<input type="checkbox"/>
6. Jaws and/or dentition which are profoundly affected by a congenital or developmental disorder (craniofacial anomalies), trauma, or pathology	<input type="checkbox"/>	<input type="checkbox"/>
7. Crowding greater than 8.0 mm in maxillary arch only	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUE TO SECTION BELOW AND SCORE ALL PRESENT CONDITIONS

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

	Provider	Plan/ODM 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 3 <sup>rd</sup> 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 x 5= _____		
18. Posterior impactions (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars) # _____ x 3= _____		
19. Psychiatrist/psychologist/speech therapist-diagnosed condition (instructions on page 2) x 10= _____		
<b>TOTAL SCORE</b> (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
Print Name	NPI #
Other Conditions and Provider Notes	Phone #
	Plan/ODM Only Notes



# Once Scoring is Complete...

## Completion and Affirmation of Form 03630 Information Integrity

Once Sections A, B, and/or C are completed, you **MUST** add the required information in the blank boxes below the Section C header at the bottom of page 1. The treating provider's signature, along with the date signed, must be included on this form. This signature **attests** to the accuracy and truthfulness of the information included within Form 03630. Make sure to include the treating provider's printed name, NPI#, and phone number in the appropriate boxes.

**Remember:** The submitting provider is legally responsible for entries made by office staff members.

FORM 03630

Name (Last, First): \_\_\_\_\_ Medicaid ID: \_\_\_\_\_ DOB: \_\_\_\_\_

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 3<sup>rd</sup> molars and as a guideline can begin for females at age 10 years and males at 12 years or if all permanent teeth except 2<sup>nd</sup> 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

	Provider	Plan/ODM Only
<b>A. <input type="checkbox"/> CONDITIONS 1 – 7 ARE AUTOMATIC QUALIFIERS (place "X" if present)</b>		
1. Overjet: greater than 9.0 mm	<input type="checkbox"/>	<input type="checkbox"/>
2. Reverse overjet: greater than 3.5 mm	<input type="checkbox"/>	<input type="checkbox"/>
3. Anterior crossbite of 2 or more teeth with evidence of gingival recession	<input type="checkbox"/>	<input type="checkbox"/>
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5. Anterior impactions where eruption is impeded but extraction is not indicated	<input type="checkbox"/>	<input type="checkbox"/>
6. Jaws and/or dentition which are profoundly affected by a congenital or developmental disorder (craniofacial anomalies), trauma, or pathology	<input type="checkbox"/>	<input type="checkbox"/>
7. Crowding greater than 8.0 mm in maxillary arch only	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUE TO SECTION BELOW AND SCORE ALL PRESENT CONDITIONS

	Provider	Plan/ODM Only
<b>B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY</b>		
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 3 <sup>rd</sup> 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	x 5= _____	_____
18. Posterior impactions (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____	_____
19. Psychiatrist/psychologist/speech therapist-diagnosed condition (instructions on page 2)	x 10= _____	_____
<b>TOTAL SCORE</b> (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 \_\_\_\_\_

Print Name \_\_\_\_\_ NPI # \_\_\_\_\_ Phone # \_\_\_\_\_

Other Conditions and Provider Notes \_\_\_\_\_ Plan/ODM Only Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Once Scoring is Complete...

## FRAUD Alert

Intentionally submitting inflated measurements and/or false scoring to obtain orthodontic benefits approval and receiving reimbursement based on inflated/false scoring may be a violation of Ohio Administrative Code (OAC) Rule 5160-1-29 (Medicaid Fraud, Waste, and Abuse).

Routinely submitting cases for approval that obviously would not qualify for case approval may also violate OAC 5160-1-29. If a parent/guardian insists on case submission, enter a note in Section C.



FORM 03630

Name (Last, First): \_\_\_\_\_ Medicaid ID: \_\_\_\_\_ DOB: \_\_\_\_\_

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 3<sup>rd</sup> molars and as a guideline can begin for females at age 10 years and males at 12 years or if all permanent teeth except 2<sup>nd</sup> 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.

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

CONTINUE TO SECTION BELOW AND SCORE ALL PRESENT CONDITIONS

	Provider	Plan/ODM Only
<b>B. <input type="checkbox"/> CONDITIONS 8 – 19 MUST SCORE 22 POINTS OR MORE TO QUALIFY</b>		
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 3 <sup>rd</sup> 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	x 5= _____	_____
18. Posterior impactions (see scoring rules on page 2, excludes 3 <sup>rd</sup> molars)	# _____ x 3= _____	_____
19. Psychiatrist/psychologist/speech therapist-diagnosed condition (instructions on page 2)	x 10= _____	_____
<b>TOTAL SCORE</b> (must score 22 points or more to qualify) _____		
<b>C. <input type="checkbox"/> Other reason to consider orthodontic case (see provider notes)</b>		

Provider Signature (Provider attests to the accuracy stated above) _____	Date _____
Print Name _____ NPI # _____	Phone # _____
Other Conditions and Provider Notes _____	Plan/ODM Only Notes _____
_____	_____
_____	_____
_____	_____

# Thank You!

