



2009 Handicapping Malocclusion Assessment

**2009 Handicapping
 Malocclusion Assessment**

All orthodontic cases

Client name	
Client Medicaid ID number	
Provider name	
Orthodontic procedure code	
Client age in years and months	
Client gender and ethnicity	
Date of completion of this Assessment	

1. Describe corrective jaw surgery if it is a possibility for this case.			
2. Describe primary condition causing a severe malocclusion.			
3. Describe significant SKELETAL problems.			
4. Report the SKELETAL case type as Class 1 ■ 2.1 ■ 2.2 ■ 3.			
5. Report the cephalometric ANB measurement to nearest full degree.			
6. Report one finding that best describes tooth 3 in centric occlusion, 100% ■ 75% ■ 50% ■ 25% Class ■ 1 ■ 2 ■ 3.	Class	Percent	
7. Report one finding that best describes tooth 14 in centric occlusion, 100% ■ 75% ■ 50% ■ 25% Class ■ 1 ■ 2 ■ 3.	Class	Percent	
8. Report UPPER arch crowding ■ spacing to nearest full mm.	U Crowding	U Spacing	
9. Report LOWER arch crowding ■ spacing to nearest full mm.	L Crowding	L Spacing	
10. Report over JET ■ under JET to nearest full mm.	Over JET	Under JET	
11. Report over BITE ■ open BITE to nearest full mm.	Over BITE	Open BITE	
12. ANTERIOR crossbite, list all UPPER and LOWER teeth involved.	Upper		
	Lower		
13. ANTERIOR crossbite, report the incisal overlap of INDIVIDUAL teeth as ■ Edge to Edge ■ Edge rotated to partial overlap ■ Edge in complete overlap.			
14. ANTERIOR crossbite, describe periodontal problems of teeth in crossbite.			
	Upper		

<p>15. POSTERIOR crossbite, list all UPPER and LOWER teeth involved.</p>	<p>Lower</p>	
<p>16. POSTERIOR crossbite, report the cusp overlap of INDIVIDUAL teeth as <input type="checkbox"/> Cusp to Cusp <input type="checkbox"/> Cusp partially in fossa <input type="checkbox"/> Cusp completely in fossa <input type="checkbox"/> Cusp completely buccal or lingual of tooth.</p>		
<p>17. POSTERIOR crossbite, report the lateral functional shift resulting from the crossbite in mm.</p>		
<p>18. List permanent teeth blocked out of arch =>75% and require both extractions and orthodontic guidance to erupt into the arch, excluding 1, 16, 17, 32.</p>		
<p>19. List permanent teeth currently impacted in bone =>50% and require both surgical exposure and orthodontic guidance to erupt into the arch, excluding 1, 16, 17, 32.</p>		
<p>20. List permanent teeth that are missing, excluding 1, 16, 17, 32.</p>		
<p>21. Describe any other significant orthodontic or dental problems.</p>		
<p>22. Report one finding that best describes the overall severity of this case, Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Difficult <input type="checkbox"/> Severe <input type="checkbox"/> Extreme.</p>		

Client name

CMAP only allows D8050 and D8060 for one or more of the five below listed conditions

Documented Orthodontic condition	Required report	Required documentation
1. Two or more teeth 6-11 in crossbite with photograph documenting <u>100%</u> of the incisal edge in complete overlap with opposing tooth/teeth.	List upper and lower tooth numbers ▼ <input type="text"/>	Photograph documenting the crossbite ▼ yes or no ▼ <input type="text"/>
2. Bilateral crossbite of teeth 3/14 and 19/30 with photograph documenting cusp overlap completely in fossa, or completely buccal / lingual of opposing tooth.	List upper and lower tooth numbers ▼ <input type="text"/>	Photographs documenting the crossbites ▼ yes or no ▼ <input type="text"/>
3. Bilateral crossbite of teeth A/T and J/K with bilateral photographs documenting cusp overlap completely in fossa, or completely buccal or lingual of opposing tooth.	List upper and lower tooth numbers ▼ <input type="text"/>	Photographs documenting the crossbites ▼ yes or no ▼ <input type="text"/>
4. Crowding with radiograph documenting current bony impaction of one or more teeth 6-11, 22-27 that requires either serial extractions or surgical exposure and guidance for the impacted tooth to erupt into the arch.	List tooth numbers ▼ <input type="text"/>	Radiograph documenting the impaction ▼ yes or no ▼ <input type="text"/>
5. Crowding with radiograph documenting resorption of 25% of the root of an adjacent permanent tooth.	List tooth numbers ▼ <input type="text"/>	Radiograph documenting the impaction ▼ yes or no ▼ <input type="text"/>

Client name

Previous Colorado Medicaid approval of Phase One?

Previous Colorado Medicaid provider's name for Phase One?

Date Phase One completed

Previous approval by Medicaid from another state for Phase One?

Name of State

Date Phase One completed

Previous Colorado HCP approval for Phase One?

Previous Colorado HCP provider's name for Phase One

Client name

Used ■ D8999 – unspecified orthodontic treatment, by report?

Previous Colorado Medicaid approval as Handicapping Malocclusion?

Previous Colorado Medicaid provider's name?

Previous approval for orthodontics by Medicaid from another state?

Total percent of orthodontic treatment remaining

Total number of months of active orthodontic treatment remaining

Total number of teeth re-band/bond

Total charges for completion of treatment including retention

Removal of upper braces?

Removal of lower braces?

Placement of upper retainer?

Placement of lower retainer?

Client name