AmeriHealth Caritas Pennsylvania
Coverage by AmeriHealth First.

AmeriHealth Caritas Pennsylvania
Health Plan – Prior Authorizations
c/o DentaQuest – Authorization
PO Box 2906
Milwaukee, WI 53201-2906

ORTHODONTIC SERVICE SALZMAN EVALUATION INDEX

PATIENT'S NAME – LAST, FIRST, MIDDLE INITIAL	MEMBER #	DATE OF BIRTH
REFERRING DENTIST	CLAIM #, if available	
ORTHODONTIST'S NAME	TAX ID	DATE OF ASSESSMENT

HANDICAPPING MALOCCLUSION ASSESSMENT RECORD

A. Intra - Arch Deviation

SCORE TEETH AFFECTED ONLY		MISSING	CROWDED	ROTATED	SPACING		NO.	POINT VALUE	SCORE
					OPEN	CLOSED			
MAXILLA	ANT	7 8 9 10	7 8 9 10	7 8 9 10	7 8 9 10	7 8 9 10		X2	
	POST	3 4 5 6 14 13 12 11	3 4 5 6 14 13 12 11	3 4 5 6 14 13 12 11	3 4 5 6 14 13 12 11	3 4 5 6 14 13 12 11		X1	
MANDIBLE	ANT	23 24 25 26	23 24 25 26	23 24 25 26	23 24 25 26	23 24 25 26		X1	
	POST	19 20 21 22 30 29 28 27	19 20 21 22 30 29 28 27	19 20 21 22 30 29 28 27	19 20 21 22 30 29 28 27	19 20 21 22 30 29 28 27		X1	

ANT = Anterior Teeth (4 incisors) POST = Posterior Teeth (include canine, premolars and first molars)
NO. = Number of teeth affected

TOTAL SCORE

B. Inter - Arch Deviation

1. Anterior Segment

SCORE MAXILLARY TEETH AFFECTED ONLY EXCEPT OVERBITE*	OVERJET	OVERBITE	CROSSBITE	OPENBITE	NO.	POINT VALUE	SCORE
	7 8 9 10	7 8 9 10 23 24 25 26	7 8 9 10	7 8 9 10		X2	

*Score Maxillary or Mandibular Incisors
No. = Number of teeth affected

TOTAL SCORE

2. Posterior Segment

SCORE AFFECTED TEETH ONLY	RELATE MANDIBULAR TO MAXILLARY TEETH				SCORE AFFECTED MAXILLARY TEETH ONLY				NO.	POINT VALUE	SCORE
	DISTAL		MESIAL		CROSSBITE		OPENBITE				
	Right	Left	Right	Left	Right	Left	Right	Left			
CANINE										X1	
1ST PREMOLAR										X1	
2ND PREMOLAR										X1	
1ST MOLAR										X1	

TOTAL SCORE

No primary teeth may exist and a Salzmann Evaluation Index score of 25 points or more must be achieved to be eligible for comprehensive orthodontic treatment.

GRAND TOTAL