## **Standard Essential Health Benefit Orthodontic Review Form**

Documentation required: Panoramic image, Cephalometric image, 5-7 intraoral photos, IL Modified Salzmann form

Criteria: Coverage is limited to children meeting or exceeding a score of 42 from the Modified Salzmann Index or meeting the criteria for medical necessity.

## Malocclusion Severity Assessment by J.A. Salzmann, DDS, F.A.P.H.A.

Beneficiary	Name		•			<u> </u>		,	,		Date o	of Birth						
Case Name												Dentist's Name						
Examiner											Date							
Examiner											Date							
Records Received: Mo								Intra-Oral		Р	Photos Ph		otos	Ant =		= anterior teeth (4 incisors)		
		Models		CEPH		PANO		X-Rays		Fees		Intra		1	Post = posterior teeth (include			
															canine, premolars and first molar)			
O	ſ							Lat					- 4	7		number of	teeth affecte	
Quality:		Models		CEPH		PA	NO		a-Oral Rays		hotos Fees	Photos Intra			P.V. =	1		
									пауб	- 1	ees		initia		-			
A. INTRA-A			N															
4. INTRA-A									Spac	ina	Sno	oina						
Score Teeth Affected		l Only Miss		ing Crow		ded Rota		ated	ed Ope		-				Point Value		Score	
Maxilla	Ant															X2		
	Post															X1		
Mandible	Ant															X1		
	Post	Post						)							X1 Total Score			
1. Anterior Segment Score Maxillary Teeth Affecte						oite*	Ov	verjet	Overbi	te (	Crossbit	e Ope	enbite	١	No.	P.V. X2	Score	
*Score maxilla		ular inci	sors.													otal Sco	re	
2. Posterior S	-								-									
Score Affected Teeth Only		Only	Related Mandibul					eeth	Score Affec Crossbite		ted Maxillary To				No.	P.V	. Score	
Canine 1 <sup>st</sup> Premolar		Right		Distal	Left	Mesial Right I		_eft		1	e _eft	Op Right	Openbite Right Left					
			Right			Right		Len	Right		Leit	Right	Le	n.				
2 <sup>nd</sup> Premola																		
1 <sup>st</sup> Molar	·																	
																Total Sc	ore	
Add 8 point	s when int	ra- and	l intra-ai	rch m	axillary i	ncisors	score	of 6 or	more to	denc	ote esthe	etic han	dicap.					
																Grand To	otal	
C. DENTOF	ACIAL DE	EVIATI	ONS															
The following <b>Score 8 poi</b>					idicappi	ng whei	n asso	ciated	with mal	occlu	ision:							
1. Facial and	d oral cleft	S																
2. Lower lip			ry inciso	or tee	th													
3. Occlusal	-																	
Possible Surgical Indication 4. Functional jaw limitations						ns												

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5. Facial Asymmetry

**Total Score** 

□ Yes

□ No

6. Speech impairment

