

### ORTHODONTIC SERVICE SALZMAN EVALUATION INDEX

PATIENT'S NAME – LAST, FIRST, MIDDLE INITIAL	MEMBER #	DATE OF BIRTH
REFERRING DENTIST		
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							X2	
	POST							X1	
MANDIBLE	ANT							X1	
	POST							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				
						X2					
*Score Maxillary or Mandibular Incisors							TOTAL SCORE				
No. = Number of teeth affected											
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	
1 <sup>ST</sup> PREMOLAR										X1	
2 <sup>ND</sup> PREMOLAR										X1	
1 <sup>ST</sup> MOLAR										X1	
TOTAL SCORE											

GRAND TOTAL	
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No primary teeth may exist and a Salzman Evaluation Index score of 25 points or more must be achieved to be eligible for comprehensive orthodontic treatment under the ACA Essential Health Benefits.

PLEASE COMPLETE THE FOLLOWING IN DETAIL:

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DESCRIPTION OF PATIENT'S CONDITION AND DIAGNOSIS:

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DIAGNOSTIC PROCEDURES:

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TREATMENT PLAN:

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REMARKS:

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