

Exhibit N – Orthodontic Criteria – Salzman Index

To ensure consistent and equitable determination of coverage for orthodontic dental services, DentaQuest Dental Consultants may use the Salzman Index criteria to be considered when making prior authorization decisions.

As required by some State regulation or Plan contracts, DentaQuest utilizes the Salzman Index for assessing orthodontic benefit requests. The documentation requires a completed ADA claim form, an occludable set of study models, and a treatment plan. Requests may be submitted with cast plaster study models or electronically. All submitted study models must be intact and free from damage to ensure appropriate decision-making. Non-diagnostic or defective models may result in a denied benefit decision.

DentaQuest shall deny any orthodontic prior authorization requests when the submitted documentation demonstrates potential compromised outcomes as evidenced by active carious lesions, acute gingivitis, acute periodontitis, poor oral hygiene, or other unresolved dental factors that could result in poor orthodontic case success. Compliance with oral hygiene, dental treatment plans, and appointment attendance are paramount to achieving a favorable outcome.

I. Review Criteria: Malocclusion Severity Assessment by J.A. Salzman, DDS, F.A.P.H.A.

- A. All orthodontic services require prior authorization by DentaQuest's Dental Consultant and are provided for comprehensive orthodontic service due to handicapping malocclusion.
- B. Orthodontic treatment is not authorized for cosmetic and/or aesthetic reasons. Treatment is only allowed for individual's age 20 and younger meeting the Salzman Index criteria. If treatment begins prior to the age of 21 and the recipient exceeds the age during treatment, care is provided through completion.
- C. DentaQuest utilizes a Modified Salzman Index Angling System for scoring orthodontic cases for necessity of care. A total score requirement is established by the State or Plan.

II. Summary of Instructions for Completing a Modified Salzman Index

A. Score

- 1. 2 points for each maxillary anterior tooth affected.
- 2. 1 point for each mandibular incisor and all posterior teeth affected.

B. Missing teeth: Count the teeth; remaining roots of a tooth are scored as a missing tooth.

C. Crowding: Score the points when there is not sufficient space to align a tooth without moving other teeth in the same arch.

- D. Rotation:** Score the points when one or both proximal surfaces are seen in anterior teeth, or all or part of the buccal or lingual surface in posterior teeth are turned to a proximal surface of an adjacent tooth. The space needed for tooth alignment is sufficient in rotated teeth for their proper alignment.
- E. Spacing:** Score teeth, not spacing. Score the points when:
1. **Open Spacing:** One or both interproximal tooth surfaces and adjacent papillae are visible in an anterior tooth; both interproximal surfaces and papillae are visible in a posterior tooth
 2. **Closed Spacing:** Space is not sufficient to permit eruption of a tooth that is partially eruption
- F. Overjet:** Score the points when the mandibular incisors occlude on or over the maxillary mucosa behind the maxillary incisors, and the mandibular incisor crowns show labial axial inclination.
- G. Overbite:** Score the points when the maxillary incisors occlude on or opposite labial gingival mucosa of the mandibular incisor teeth.
- H. Cross-Bite:** Score the points when the maxillary incisors occlude lingual to mandibular incisors, and the posterior teeth occlude entirely out of occlusal contact.
- I. Open-Bite:** Score the points when the teeth occlude above the opposing incisal edges and above the opposing occlusal surfaces of posterior teeth.
- J. Mesiodistal Deviations:** Relate mandibular to opposing maxillary teeth by full cusp for molars; buccal cusps of premolars and canines occlude mesial or distal to accepted normal interdental area of maxillary premolars.

III. Instruction for Using the “Handicapping Malocclusion Assessment Record”

- I. Introduction:** This assessment record (not an examination) is intended to disclose whether a handicapping malocclusion is present and to assess its severity according to the criteria and weights (point values) assigned to them. The weights are based on tested clinical orthodontic values from the standpoint of the effect of the malocclusion on dental health, function, and esthetics. The assessment is not directed to ascertain the presence of occlusal deviations ordinarily included in epidemiological surveys of malocclusion. Etiology, diagnosis, planning, complexity of treatment, and prognosis are not factors in this assessment. Assessments can be made from casts or directly in the mouth. An additional assessment record form is provided for direct mouth assessment of mandibular function, facial asymmetry, and lower lip position.
- II. Intra-Arch Deviations:** The casts are placed, teeth upward, in direct view. When the assessment is made directly in the mouth, a mouth mirror is used. The number of teeth affected is entered as indicated in the “Handicapping Malocclusion Assessment Record.” The scoring can be entered later.

III. Anterior Segment: A value of 2 points is scored for each tooth affected in the maxilla and 1 point in the mandible.

1. Missing teeth are assessed by actual count. A tooth with only the roots remaining is scored as missing
2. Crowded refers to tooth irregularities that interrupt the continuity of the dental arch when the space is insufficient for alignment without moving other teeth in the arch. Crowded teeth may or may not also be rotated. A tooth scored as crowded is not scored also as rotated
3. Rotated refers to tooth irregularities that interrupt the continuity of the dental arch but there is sufficient space for alignment. A tooth scored as rotated is not scored also as crowded or spaced.
4. Spacing
 - a. Open spacing refers to tooth separation that exposes to view the interdental papilla on the alveolar crest. Score the number of papillae visible (not teeth).
 - b. Closed spacing refers to partial space closure that does not permit a tooth to complete its eruption without moving other teeth in the same arch. Score the number of teeth affected.

IV. Posterior Segment: A value of 1 point is scored of each tooth affected.

1. Missing teeth are assessed by actual count. A tooth with only the roots remaining is scored as missing
2. Crowded refers to tooth irregularities that interrupt the continuity of the dental arch when the space is insufficient for alignment. Crowded teeth may or may not also be rotated. A tooth scored as crowded is not scored also as rotated
3. Rotated refers to tooth irregularities that interrupt the continuity of the dental arch and all or part of the lingual or buccal surface faces some part or all the adjacent proximal tooth surfaces. There is sufficient space for alignment. A tooth scored as rotated is not scored also as crowded
4. Spacing
 - a. Open spacing refers to interproximal tooth separation that exposes to view the mesial and distal papillae of a tooth. Score the number of teeth affected (Not the spaces).
 - b. Closed spacing refers to partial space closure that does not permit a tooth to erupt without moving other teeth in the same arch. Score the number of teeth affected.

V. Interarch Deviations: When casts are assessed for interarch deviations, they first are approximated in terminal occlusion. Each side assessed is held in direct view. When the assessment is made in the mouth, terminal occlusion is obtained by bending the head backward as far as possible while the mouth is held wide open. The tongue is bent upward and backward on the palate and the teeth are quickly brought to terminal occlusion before the head is again brought downward. A mouth mirror is used to obtain a more direct view in the mouth.

VI. Anterior Segment: A value of 2 points is scored for each affected maxillary tooth only.

1. Overjet refers to labial axial inclination of the maxillary incisors in relation to the mandibular incisor, permitting the latter to occlude on or over the palatal mucosa. If the maxillary incisors are not in labial axial inclination, the condition is scored as overbite only
2. Overbite refers to the occlusion of the maxillary incisors on or over the labial gingival mucosa of the mandibular incisors, while the mandibular incisors themselves occlude on or over the palatal mucosa behind the maxillary incisors. When the maxillary incisors are in labial axial inclination, the deviation is scored also as overjet
3. Cross-bite refers to maxillary incisors that occlude lingual to their opponents in the opposing jaw, when the teeth are in terminal occlusion
4. Open bite refers to vertical interarch dental separation between the upper and lower incisors when the posterior teeth are in terminal occlusion. Open-bite is scored in addition to overjet if the maxillary incisor teeth are above the incisal edges of the mandibular incisors when the posterior teeth are in terminal occlusion Edge-to-edge occlusion is not assessed as open-bite

VII. Posterior Segment: A value of 1 point is scored for each affected tooth.

1. Cross-bite refers to teeth in the buccal segment that are positioned lingually or buccally out of entire occlusal contact with the teeth in the opposing jaw when the dental arches are in terminal occlusion
2. Open bite refers to the vertical interdental separation between the upper and lower segments when the anterior teeth are in terminal occlusion. Cusp-to-cusp occlusion is not assessed as open-bite
3. Anteroposterior deviation refers to the occlusion forward or rearward of the accepted normal of the mandibular canine, first and second premolars, and first molar in relation to the opposing maxillary teeth. The deviation is scored when it extends a full cusp or more in the molar and the premolars and canine occlude in the interproximal area mesial or distal to the accepted normal position.