



**Dental Benefit
Providers®**

P.O. Box 30567
Salt Lake City, UT 84130

[Date]

[Provider Name]

[Address 1]

[Address 2]

[City], [State] [ZIP Code]

Re: UnitedHealthcare Community Plan of Pennsylvania | Salzmann Index

Dear [Provider Name]:

The State of Pennsylvania mandates that all orthodontic treatment requires prior authorization and must be considered medically necessary. To support this requirement, you must submit a written report of the member's medical condition status and complete the Salzmann Index identifying the severe handicapping malocclusion. A score on the form of 25 points or greater is needed for the treatment to qualify for coverage.



How to complete the form

You must complete the enclosed Salzmann Evaluation Index form in conjunction with the prior authorization request. Use the instructions on page 67 of the UnitedHealthcare Provider Manual to help you fill out the form. Sign in on **UHCdental.com** and click on Provider Resources under Quick Links to access the manual.



We're here to help

Please reach out to our Customer Service team at **800-508-4881** if you have any questions. Thank you for your participation in the UnitedHealthcare Community Plan dental network and support of the State of Pennsylvania Medicaid program.

Sincerely,

UnitedHealthcare Network Advancement Team
Dental Benefit Providers, Inc., a UnitedHealthcare company

Enclosure