



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

DECISION
Case #: MPA - 220411

PRELIMINARY RECITALS

Pursuant to a petition filed on October 11, 2025, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Medicaid Services regarding Medical Assistance (MA), a hearing was held on November 26, 2025, by telephone. The hearing record was held open until December 16, 2025 to allow Petitioner an opportunity to obtain additional supporting evidence. On December 15, 2025, the Division of Hearings and Appeals received a partially illegible piece of correspondence via fax from an unspecified sender. Petitioner subsequently sent a legible copy of that same correspondence and clarified that it is from the requesting orthodontic provider's office. Those documents were included in the hearing record and considered.

The issue for determination is whether the agency properly denied a prior authorization request for Medical Assistance coverage of orthodontia.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
201 E. Washington Ave.
Madison, WI 53703

Written Submission By: Dr. Stephen Prieve
Division of Medicaid Services
PO Box 309
Madison, WI 53701-0309

ADMINISTRATIVE LAW JUDGE:
Teresa A. Perez
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a 16-year old resident of Dane County.
2. Petitioner has several teeth that are rotated and/or crowded as well as an overbite and overjet.
3. On or about September 25, 2025, [REDACTED] filed a prior authorization (“PA”) request on Petitioner’s behalf for MA coverage of comprehensive dental treatment adolescent (Procedure Code D8080) and orthodontic retention (Procedure Code D8680).
4. The requesting provider determined that Petitioner has a Salzman score of 30 and provided the Department with this information when it submitted the PA request.
5. By written notice dated September 26, 2025, the Department informed the provider that coverage for the requested orthodontic treatment was denied because “submitted documentation does not support presence of severe handicapping malocclusion.”
6. Based on a review of X-rays, photographs, and a mold provided by the requesting provider, the Department determined that Petitioner has a Salzman score of 9. The Department detailed how it arrived at that score and why it disagreed with the requesting provider’s score in an October 20, 2025 written response to Petitioner’s appeal.
7. On October 11, 2025, Petitioner filed an appeal with the Division of Hearings and Appeals.

DISCUSSION

When federal Medicaid law allows coverage of a service that is not routinely covered by Wisconsin Medicaid for recipients under age 21, the Department may authorize it pursuant to the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit (referred to in Wisconsin as “Health Check-Other Services”). See 42 C.F.R. §441.56(c); Wis. Admin. Code §DHS 107.22(4); ForwardHealth Update No. 2019-08. For a service to be authorized under the Health Check—Other category, the service must be medically necessary to “maintain, improve, or correct” the physical or mental health of a child. See *ForwardHealth Update* 2019-08, p. 2. See also, 42 C.F.R. §441.56(c) and Wis. Admin. Code §DHS 107.22(4).

Orthodontia is coverable in Wisconsin as a Health Check-Other benefit “to address concerns identified during a HealthCheck screen”. ForwardHealth Provider On-line Handbook: Topic #2905. Prior authorization for all health check-other services, including orthodontia, is required. The Department has developed a coverage policy to evaluate the medical necessity of orthodontic treatment. That policy in place at all times relevant to this case stated that medical necessity for orthodontia is demonstrated under the following circumstances:

- A severe and handicapping malocclusion determined by a minimum Salzman Index of 30.
- In extenuating circumstances, the dental consultant may, after comprehensive review of the case, determine that a severe handicapping malocclusion does exist, and approve the orthodontia treatment even though the Salzman score is less than 30. . .

- Certain cases of minor treatment (1–4 teeth) can be approved for limited or interceptive orthodontic treatment using either fixed or removable appliances.
- If the request for orthodontic services is the result of a personality or psychological problem or condition and a member does not meet the criteria listed above, then supporting documentation from a primary care medical provider (such as a physician, physician assistant, or nurse practitioner) or a referral from a mental health professional, as defined by Wis. Admin. Code §§DHS 35.03(11) and 35.03(10) is required.

Orthodontic treatment is *not* authorized for cosmetic reasons . . .

See [ForwardHealth Provider On-line Handbook: Topic #2909](#).

The Salzmann Index is a tool used by Wisconsin Medicaid “to help assess the effects of various types of malocclusion on dental health, function, and esthetics.” J.A. Salzmann, *Handicapping malocclusion assessment to establish treatment priority*, 54 Am. J. of Orthodontics 749, 752 (1968), cited in [ForwardHealth On-line Handbook, Topic #2909](#).

Here, Dr. Stephen Prieve, DMD, a dental consultant contracted by the Department to evaluate prior authorization requests for orthodontia, determined that Petitioner’s Salzmann score is 9. Included with the documentation that the Department filed with the Division of Hearings and Appeals in response to Petitioner’s appeal is a form completed by Dr. Prieve that details how he calculated the Salzmann score of 9. Also included in the Department’s filing is a form entitled “Orthodontic Service Salzmann Evaluation Index” which was completed by hand, presumably by the requesting provider, and indicates that Petitioner’s Salzmann score is 30.

As is generally the case in appeals of prior authorization denials, neither the department’s dental consultant nor the requesting provider was available for questioning at the time of the hearing. However, Dr. Prieve, the Department’s dental consultant, as noted above, filed a detailed explanation of the nature of his disagreement with the Salzmann score included with the PA request. The record was thus held open to give Petitioner the opportunity to speak with her orthodontist so that he could, if willing, provide a response to the Dr. Prieve’s written assessment. ██████████’s office did submit an additional response to the Division of Hearings and Appeals but it was vague and did not specifically address any of Dr. Prieve’s detailed findings.

Petitioner has the burden of proof. To meet that burden, a preponderance of the evidence in the record must establish the medical necessity of the requested service. Based on the evidence offered to me, I cannot find that Petitioner has a “handicapping malocclusion” or that she has otherwise established that the requested orthodontia is medically necessary as that term is defined by Medical Assistance rules.

CONCLUSIONS OF LAW

The evidence is not sufficient to demonstrate that the requested orthodontic treatment is medically necessary for Petitioner; she is thus not entitled to Medical Assistance coverage for orthodontic treatment.

THEREFORE, it is ORDERED

That Petitioner’s appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 4822 Madison Yards Way, 5th Floor North, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

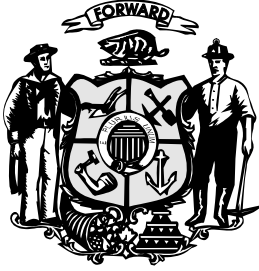
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 201 E. Washington Ave., **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 28th day of January, 2026

\s _____
Teresa A. Perez
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on January 28, 2026.

Division of Medicaid Services