



FH

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

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

DECISION
Case #: MPA - 216849

PRELIMINARY RECITALS

Pursuant to a petition filed January 25, 2025, under Wis. Stat., §49.45(5), to review a decision by the Division of Medicaid Services (DMS) to deny Medical Assistance (MA) authorization for orthodontia, a hearing was held on March 12, 2025, by telephone.

The issue for determination is whether unusual circumstances exist that warrant approval of the requested orthodontia services.

PARTIES IN INTEREST:

Petitioner:

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

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, WI 53703

By: Written submission of Tanya Zylka, RDH
Division of Medicaid Services
PO Box 309
Madison, WI 53701-0309

ADMINISTRATIVE LAW JUDGE:

Brian C. Schneider
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a 12-year-old resident of Grant County who is eligible for MA.
2. On December 24, 2024, [REDACTED], by [REDACTED], requested prior authorization on petitioner's behalf for orthodontia, PA no. [REDACTED]. By a letter dated December 26, 2024, the DMS denied the request.
3. Petitioner's Salzmann score was 20.
4. Petitioner has a sharp overbite. He accidentally bites the inside of his mouth when eating and speaking, sometimes drawing blood and causing bruising and swelling.

DISCUSSION

Orthodontia is not an MA-covered service. Wis. Admin. Code, §DHS 107.07(4)(j). However, medical services provided to recipients under age 21 pursuant to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) must be covered if the EPSDT health assessment and evaluation indicates that they are needed. 42 C.F.R. §441.56(c); Wis. Admin. Code, §DHS 107.22(4). Prior authorization is granted when the generic authorization criteria at §DHS 107.02(3) are met. The DMS has defined the criteria in its MA Providers Handbook, specifically related to dental issues, Topic 2909, found at www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=15&s=2&c=530&nt=Severe+Malocclusion. The policy requires a Salzmann Index score of 30, or the documentation of unusual circumstances that make the recipient's malocclusion handicapping.

The Salzmann score is a rating of the person's dental malocclusion, that is, how far from normal occlusion the person's teeth are. Petitioner's Salzmann score, as determined by the DMS dental consultant, is 20. Extenuating circumstances could be that, despite a low Salzmann, the malocclusion causes the person to have unusual difficulty eating or speaking, or the person has documented psychological problems caused by the abnormal occlusion.

There are essentially two means to determine that a request should be granted when the DMS determines a Salzmann score to be below 30. One way would be to provide evidence and argue that the Salzmann score actually is 30 or above. The other way is to provide evidence of extenuating circumstances.

There is no evidence that the DMS's determination of the Salzmann score was incorrect. However, petitioner's mother testified that petitioner experiences cuts, bruising, and swelling from accidentally biting the inside of his mouth. In my estimation that makes the malocclusion handicapping. While it is true that the orthodontist did not report the circumstances, my experience is that they never report unusual circumstances, and often the best evidence is from the parent who sees the child daily. I conclude that the request should be approved.

I note to petitioner that [REDACTED] will not receive a copy of this decision. To have the service approved, petitioner must provide a copy of this decision to his office. [REDACTED] must then submit a *new* prior authorization request, along with a copy of this decision, to receive the approved coverage.

CONCLUSIONS OF LAW

The request for orthodontia should be approved due to unusual circumstances that cause the malocclusion to be handicapping.

THEREFORE, it is

ORDERED

That [REDACTED], is hereby authorized to provide the orthodontic services as requested in PA no. [REDACTED]. The provider should submit a new prior authorization request along with a copy of this decision for approval.

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.

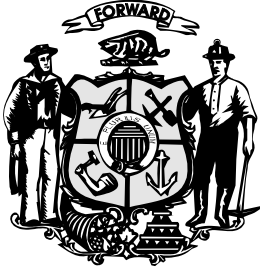
APPEAL TO COURT

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, 1 West Wilson Street, Room 651, **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 14th day of March, 2025

\s _____
Brian C. Schneider
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 March 14, 2025.

Division of Medicaid Services