



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of



DECISION

MPA/170213

PRELIMINARY RECITALS

Pursuant to a petition filed November 19, 2015, under Wis. Stat. §49.45(5), and Wis. Admin. Code §HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability (DHCAA) in regard to Medical Assistance (MA), a telephonic hearing was held on December 17, 2015.

The issue for determination is whether the petitioner is entitled to MA reimbursement for a partial set of upper and lower dentures.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

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

By written submittal of: Dr. Robert Dwyer, DDS
Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Kelly Cochrane
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # ) is a resident of Milwaukee County.

2. On October 20, 2015, Dr. Azim Presswala requested prior authorization on petitioner's behalf for a partial set of upper and lower dentures, PA no. [REDACTED]. By a letter dated November 2, 2015, the DHCAA denied the request.
3. The DHCAA denied the request because petitioner's clinical information showed poor prognosis because of significant bone loss and gum disease.

DISCUSSION

Medical assistance requires prior authorization before a person can receive a partial denture. Wis. Admin. Code §DHS 107.07(2)(a)3.b. The petitioner seeks upper and lower partial dentures, but the Division of Health Care Access and Accountability denied the request. The online *Medicaid Handbook*, Topic 2895, states the MA policy that provides that "Wisconsin Medicaid reimburses for partial dentures *only* for members with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected." See attachment to DCHAA's letter of November 23, 2015; also available online at <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=15&s=2&c=527&nt=Partial+Dentures>.

The petitioner does not deny the significant bone loss and poor periodontal health. He was unable to provide any additional information to show the medical necessity of the request. Unfortunately for petitioner, he has the burden of proving that the dentures are medically necessary. Based upon this evidence, I must find that he has not.

This does not mean that if the petitioner develops better evidence, that he cannot submit another request for the dentures. He should discuss this matter with his provider to see if additional evidence can be developed.

CONCLUSIONS OF LAW

The DHCAA correctly denied the petitioner's request for a partial set of upper and lower dentures because they have not been shown to be medically necessary.

THEREFORE, it is

ORDERED

That the petition for review herein be and the same is hereby 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, 5005 University Avenue, Suite 201, 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, Madison, Wisconsin 53703, **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 Milwaukee,
Wisconsin, this 2nd day of February, 2016

\sKelly Cochrane
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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Madison, WI 53705-5400

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The preceding decision was sent to the following parties on February 2, 2016.

Division of Health Care Access and Accountability