



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/171152

PRELIMINARY RECITALS

Pursuant to a petition filed January 04, 2016, 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 in regard to Medical Assistance, a hearing was held on January 27, 2016, at Elkhorn, Wisconsin. The record was held open post-hearing for the submission of additional records from the Petitioner. Additional records were submitted and the record was closed on February 10, 2016.

The issue for determination is whether the agency properly denied the Petitioner’s PA request for partial dentures.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED] |
[REDACTED]
[REDACTED]

Respondent:

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

By: [REDACTED]
Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Walworth County.

2. On November 9, 2015, the Petitioner's provider, [REDACTED], submitted a PA request for upper and lower partial dentures. The request noted that the Petitioner had two teeth extracted and has at least six missing teeth per arch. X-rays were submitted with the PA request along with dental records.
3. On November 23, 2015, the agency notified the Petitioner that it had denied the PA request for the lower dentures.
4. On January 4, 2016, the Petitioner filed an appeal with the Division of Hearings and Appeals.

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. The online Medicaid Handbook, Topic 2829, allows partial dentures for those who are missing one or more anterior teeth, but it also indicates that the recipient must have "good oral health and hygiene, good periodontal health, ... and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected."

The agency found that the documentation and X-rays submitted by the Petitioner's provider show significant bone loss in the area in question. The Petitioner's provider submitted additional information post-hearing. The provider stated that there is bone loss present in the lower anteriors but that the teeth are very stable and the surrounding tissue is healthy. The provider noted that probing depths are 2 – 3 mm. The provider does not expect the Petitioner to lose any teeth in the area within the next 5 years. The provider further indicated that the Petitioner has significantly improved his oral hygiene habits and has demonstrated a motivation to maintain the teeth he has. The Petitioner testified at the hearing that he previously had poor dental hygiene habits before he obtained insurance. Since he has been receiving Medicaid assistance, he has seen the dentist regularly. He noted that there is bone loss under his lower front four teeth but the teeth are not loose and he intends to maintain good habits to keep his teeth as long as possible.

Based on the information provided by the Petitioner's dental provider, I conclude that the Petitioner is demonstrating good oral hygiene and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected. Though there is bone loss to the area, the evidence from the Petitioner and his provider is that the teeth are stable and are not expected to be lost in the next five years if the Petitioner continues his good dental hygiene habits. Therefore, I find that the Petitioner is eligible for lower partial dentures.

Note to the Petitioner: this decision is not being sent to his dental provider. He must provide a copy of this decision to his provider, [REDACTED], who must re-submit a PA request along with a copy of this decision to ForwardHealth.

CONCLUSIONS OF LAW

The Petitioner is eligible for lower partial dentures.

THEREFORE, it is ORDERED

That Petitioner's provider, [REDACTED], is hereby authorized to provide the Petitioner with lower partial dentures and to submit its claim, along with a new prior authorization request and a copy of this Decision, to ForwardHealth for payment.

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 5th day of April, 2016

\sDebra Bursinger
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin \DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator
Suite 201
5005 University Avenue
Madison, WI 53705-5400

Telephone: (608) 266-3096
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on April 5, 2016.

Division of Health Care Access and Accountability