



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/171459

PRELIMINARY RECITALS

Pursuant to a petition filed January 14, 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 February 09, 2016, at Sheboygan, Wisconsin.

The issue for determination is whether the Department correctly denied the petitioner's prior authorization request for a partial upper denture.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

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Respondent:

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

By: [REDACTED], 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:

Corinne Balter
Division of Hearings and Appeals

FINDINGS OF FACT

1. The petitioner is a resident of Sheboygan County.
2. On December 4, 2015 the petitioner's dental provider submitted a medical prior authorization request for an upper partial denture.

3. On December 15, 2015 the Department sent the petitioner a notice stating that they denied his medical prior authorization request for an upper partial denture.
4. On January 19, 2016 the Division of Hearings and Appeals received the petitioner's Request for Fair Hearing.
5. The petitioner has missing upper teeth. Although it would appear at first glance that the petitioner would benefit from an upper partial denture, the petitioner has significant bone loss in that area. With this bone loss it is likely that the petitioner will continue to lose teeth, and that the partial will not be beneficial for him long term.

DISCUSSION

The Department may only reimburse providers for medically necessary and appropriate health care services and equipment listed in Wis. Stat. §§ 49.46(2) and 49.47(6)(a), as implemented by Wis. Admin. Code Ch. DHS 107. Some services and equipment are covered if a prior authorization request is submitted and approved by the DHCAA in advance of receiving the service. The MA program covers dentures for members with good oral health and hygiene, good periodontal health, and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected.

The Department denied the petitioner's request because he has significant bone loss, which does not yield a favorable prognosis. There will likely be a further loss of teeth, which will necessitate a full rather than partial set of dentures. The petitioner testified that he would like to keep as many of his teeth as possible. This is a good goal. The problem though is that the Department cannot pay for replacement partials every time the petitioner loses more teeth. The x-rays show that the petitioner likely will lose additional teeth in that area.

I note that if the petitioner's provider disagrees with the Department, the provider may submit a new prior authorization documenting that the petitioner's periodontal health is sufficient to qualify him for the Upper Partial Denture. Specifically the provider should address why the bone loss will not cause the petitioner to lose additional teeth and need a full rather than a partial denture.

CONCLUSIONS OF LAW

The Department correctly denied the petitioner's prior authorization request for a partial upper denture

THEREFORE, it is

ORDERED

That the petition 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, 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 25th day of March, 2016

\sCorinne Balter
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 March 25, 2016.

Division of Health Care Access and Accountability