



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/171977

PRELIMINARY RECITALS

Pursuant to a petition filed February 08, 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 March 17, 2016, at Milwaukee, Wisconsin.

The issue for determination is whether a prior authorization request for Medicaid payment for periodontal scaling and root planing meets approval standards.

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:

David D. Fleming
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Milwaukee County.
2. A prior authorization (PA) request was submitted on behalf of Petitioner on December 16, 2015 seeking Medicaid payment for periodontal scaling and root planing areas 10, 20, 30 and 40 (upper right, upper left, lower left and lower right quadrants, respectively) and maintenance.

3. The Department partially approved the PA noted at Finding # 2. It was approved for the upper right quadrant and denied for the others.
4. Dental records submitted for Petitioner indicate a questionable long term prognosis for Petitioner for quadrants 20, 30 and 40 because of bone loss and pocket depths.

DISCUSSION

Periodontic dental work is covered by medical assistance if the recipient obtains prior authorization. Wis. Adm. Code § HFS 107.07(2)(c)7. Petitioner filed this appeal seeking periodontal scaling and root planing and maintenance on the three remaining quadrants of her teeth. This procedure involves using instruments to remove plaque, calculus, and stains from crown and root surfaces of the teeth. The Department denied the request because the long-term prognosis that the procedures will be effective is poor.

The online provider handbooks for the requested procedure states:

...

Periodontal Scaling and Root Planing

ForwardHealth covers periodontal scaling and root planing when traditional, less intensive dental services have not been effective in treating pain and infection. Periodontal scaling and root planing always require PA in order to be covered by ForwardHealth.

Approval Criteria

All of the following criteria must be met before PA requests for periodontal scaling and root planing can be approved:

- For PA requests indicating CDT procedure code D4341 (Periodontal scaling and root planing — four or more teeth per quadrant), four or more teeth have at least one pocket measurement of 5–6 millimeters in a quadrant.
- For PA requests indicating CDT procedure code D4342 (Periodontal scaling and root planing — one to three teeth, per quadrant), one to three teeth have at least one pocket measurement of 5–6 millimeters in a quadrant.
- At least 50 percent of bony support is intact for the teeth to be treated. Calculus should be visible on the X-ray.
- Documentation exists that the member is a patient of record.
- If the patient is new and a full-mouth debridement is included in the treatment plan, at least four weeks of healing time has passed following debridement.

...

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=15&s=3&c=11>, Topic 15457

Petitioner testified that all of her quadrants are the same so does not see why there should have been a denial. Nonetheless, the Department dental consultant has determined that long term prognosis is poor due to bone loss and pocket depths and without countervailing argument and documentation from Petitioner's provider I do not have a basis for reversing the denial

CONCLUSIONS OF LAW

That the evidence is not sufficient to demonstrate that the denial portions of this prior authorization request meet Wisconsin Medicaid standards for approval.

NOW, THEREFORE, it is ORDERED

That this 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, 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 6th day of May, 2016

\sDavid D. Fleming
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 May 6, 2016.

Division of Health Care Access and Accountability