



STATE OF WISCONSIN  
Division of Hearings and Appeals

In the Matter of



DECISION

MPA/173501

**PRELIMINARY RECITALS**

Pursuant to a petition filed April 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 (MA), a hearing was held on May 17, 2016, at Milwaukee, Wisconsin.

The issue for determination is whether the agency properly denied the Petitioner’s request for 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:   
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 (CARES # ) is a resident of Milwaukee County.
2. On March 16, 2016, Petitioner’s dental provider, , submitted a PA request for a complete set of dentures for the Petitioner. It indicated that new dentures are being requested due to broken teeth and poor fit.

3. On March 29, 2016, the agency denied the PA request because the services requested exceeded the frequency of authorized services. Specifically, the Petitioner's dentures are four years old and coverage is limited to one new set of full dentures every five years unless unusual circumstances are documented.
4. On April 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 dentures. Wis. Admin. Code § DHS 107.07(2)(a)3.b. The online Medicaid Handbook, Topic 2892, limits replacement of dentures to once every five years unless "unusual circumstances are documented in the PA (prior authorization) request." The petitioner requests that her upper and lower dentures be replaced because they no longer fit after she had recent dental procedures. The agency denied her request because she received both dentures in the last five years. Specifically, the Petitioner received her current dentures in July, 2012.

At the hearing, the Petitioner testified that three of her teeth are broken due to dropping the dentures. She testified that the fit of the dentures is poor causing the teeth to turn to the side when she chews. This causes her to frequently bite her hips, tongue and cheeks and causes general difficulty with biting and chewing. I found the Petitioner to be credible, but the policy concerning replacement clearly requires that the unusual circumstances justifying new dentures be documented in the request itself. The request submitted by the petitioner's dentist does not mention any unusual circumstances other than "worn base/broken teeth" and "poor fit." More documentation is required from the provider regarding the circumstances for the request to determine if it meets the criteria for coverage prior to the expiration of the five year replacement policy. Because the circumstances were not sufficiently documented in the request, I must uphold the agency's denial.

I note that this decision does not prohibit the Petitioner's provider from submitting another request. This decision is not issued to the provider. Therefore, the Petitioner should give a copy of this decision to her dental provider.

### CONCLUSIONS OF LAW

The agency properly denied the Petitioner's PA request due to insufficient documentation.

**THEREFORE, it is**

**ORDERED**

That the Petitioner's 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**

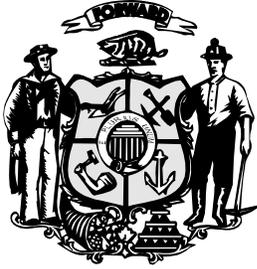
You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those 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 17th day of June, 2016

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\sDebra Bursinger  
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 June 17, 2016.

Division of Health Care Access and Accountability