



FH
Click here to enter text.

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION
Case #: MPA - 175465

PRELIMINARY RECITALS

Pursuant to a petition filed on July 9, 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 (the agency) regarding Medical Assistance (MA), a hearing was held on August 25, 2016, by telephone.

The issue for determination is whether the agency correctly denied a prior authorization (PA) request for a lower denture (Denture Complete Mandible; Procedure Code D5120).

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

;

Respondent:

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

By: written submittal of [REDACTED]
Division of Health Care Access and Accountability
PO Box 309
Madison, WI 53701-0309

ADMINISTRATIVE LAW JUDGE:

Kelly Cochrane
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Milwaukee County.
2. On May 19, 2016 a PA was requested for petitioner to receive a lower denture (Denture Complete Mandible; Procedure Code D5120).

3. On June 1, 2016 the agency denied the request because it was not considered medically necessary under the MA program as the services requested exceeded the frequency of authorized services.
4. Within the past 5 years prior to the instant PA request, MA approved and paid for partial dentures for petitioner.

DISCUSSION

Dentures, or prosthodontics, can be a covered service for certain MA recipients, subject to prior authorization. See Wis. Admin. Code §DHS 107.07(2)(a)3b. For any prior authorization request to be approved, the requested service must satisfy the generic prior authorization criteria listed at Wis. Admin. Code §DHS 107.02(3)(e). Those criteria include the requirement that the service be medically necessary and that the agency consider the frequency of furnishing the service.

The agency's position is that the request for the dentures did not provide information to show that it was medically necessary for petitioner, and used the following denial criteria as a basis for that decision:

Covered and Noncovered Services : Prosthodontics (Removable)

Topic #2892

Life Expectancy of Prostheses

Generally, given reasonable care and maintenance, a prosthesis should last at least five years. Coverage of removable prosthodontic services is limited to one new full or partial denture per arch per five years unless unusual circumstances are documented with the PA request. Providers and members should not expect to receive approval for a replacement prosthesis without adequate justification and documentation.

ForwardHealth assesses all cases that request early replacement of a prosthesis due to a member's poor adaptation to a new prosthesis, or poor quality workmanship by the provider.

Prior Authorization Guidelines, Topic #2892, available at <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=15&s=2&c=527&nt=Life Expectancy of Prostheses&adv=Y>. The agency showed that petitioner had received partial dentures within the previous 5 years, once in 2011 and again in 2013. Petitioner did not dispute that was true.

Petitioner appeared at hearing and described issues she has been having since the first dentures were approved. She testified that the first set of partial dentures was lost or stolen when she was evicted and her personal property was set out before she could secure it herself. The second set cracked, twice, and were repaired by her dentist; however, they are now beyond repair. In addition, she has experienced problems with pain in chewing, as she must use her gums and the front teeth she has left. She has had to modify what she eats (soft and pureed foods). These issues have caused her distress as to her appearance and dignity. Petitioner testified that she will take care of the full set requested, avoiding past poor habits of biting things (i.e., bone) that could crack the requested dentures. If she fails to care for the requested dentures, there is no guarantee that replacement would be made if they fail before the 5 year window expires. Based on the foregoing, I am persuaded mitigating circumstances and extenuating medical circumstances are present to justify the payment for a new lower denture.

I conclude that the requested lower denture is a medical necessity and appropriate for the petitioner. I note to the petitioner that her provider will not receive a copy of this Decision. **In order to have the lower denture approved, the petitioner must provide a copy of this Decision to [REDACTED] at**

██████████. The provider must then submit a *new* prior authorization request to receive the approved coverage.

CONCLUSIONS OF LAW

That the requested lower denture (Denture Complete Mandible; Procedure Code D5120) is a medical necessity and appropriate for the petitioner.

THEREFORE, it is ORDERED

That ██████████ at ██████████ is hereby authorized to provide the petitioner with the requested lower denture (Denture Complete Mandible; Procedure Code D5120), and to submit a claim, along with a copy of this Decision and a new prior authorization request form, to the Medicaid fiscal agent (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, **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 September, 2016

\s _____
Kelly Cochrane
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 September 6, 2016.

Division of Health Care Access and Accountability