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**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

[REDACTED]

DECISION

MPA/144300

PRELIMINARY RECITALS

Pursuant to a petition filed October 02, 2012, 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 October 22, 2012, at Medford, Wisconsin.

The issue for determination is whether the petitioner is entitled to medical assistance reimbursement for a partial denture.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]

Respondent:

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

By: Dr. Robert Dwyer

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

ADMINISTRATIVE LAW JUDGE:

Michael D. O'Brien
Division of Hearings and Appeals

FINDINGS OF FACT

1. The petitioner is a resident of Taylor County.

2. On September 6, 2012, the petitioner with the Medford Dental Clinic requested a partial denture at a cost of \$2,691. The Division of Health Care Access and Accountability denied the request on September 17, 2012.
3. The partial denture would replace tooth #5.
4. The petitioner is not missing any other teeth.

DISCUSSION

The Division of Health Care Financing can make regulations concerning dental procedures. Wis. Admin. Code § DHS 107.02(3)(e). It has used this authority to deny partial dentures under the following circumstances: “If placement of a partial denture in an arch provides at least 2 posterior teeth per quadrant in occlusion with the opposing quadrant, then the opposing partial, if requested, would not be authorized unless the recipient also has an anterior tooth missing in that arch.” *Prior Authorization Guidelines Manual*, §124.016.07. Anterior teeth include numbers 6 – 11 and 22 – 27, meaning that posterior teeth include numbers 1 – 5, 12 – 16, 17 – 21, and 28 – 32. *Prior Authorizations Guidelines Manual*, §124.016.05. The petitioner requested. Dental guidelines allow an exception to the general rule for “[u]nusual clinical situations where a partial appears appropriate based on comprehensive review of the dental and medical histories.” *Id.*, §124.016.06.

The petitioner seeks a right partial denture to replace tooth #5, which is next to her eye tooth. She contends that this is an anterior, or front, tooth because it is visible. While I understand her reasoning, medical assistance guidelines, which I must follow, consider it a molar. She is not missing any other teeth, so she does not meet the approval criteria requiring that she is missing an anterior tooth in the same arch or does not have at least two posterior teeth in occlusion in that arch. She contends that food gets stuck in the spot that the tooth is missing and that she has trouble chewing with the other side of her mouth because a number of new filings cause the teeth on that side to be sensitive. While I do not doubt her, I cannot grant an exception to the approval criteria because nothing in the dental or medical history submitted with her request documents any unusual clinical situation. Therefore, I must uphold the Division’s decision.

CONCLUSIONS OF LAW

The Division of Health Care Access and Accountability correctly denied the petitioner’s request for a partial denture because it is not medically necessary.

THEREFORE, it is

ORDERED

The petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found 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 appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Madison,
Wisconsin, this 22nd day of October, 2012

Michael D. O'Brien
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 October 22, 2012.

Division of Health Care Access And Accountability