



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]

DECISION

MPA/144727

PRELIMINARY RECITALS

Pursuant to a petition filed October 22, 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 November 27, 2012, at Hayward, Wisconsin.

The issue for determination is whether the petitioner is entitled to dentures to replace ones she received two years earlier.

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 Sawyer County.
2. The petitioner received dentures paid for by the medical assistance program on July 6, 2010.

3. The upper denture the petitioner received in 2010 has cracked and the lower does not fit to her satisfaction.
4. The petitioner, with Northwoods Community Health, requested new dentures on September 27, 2012, at a cost of \$2,315.
5. Northwoods Community Health has not documented how the upper denture cracked or whether it can be repaired. Nor has it documented what causes the lower denture to be uncomfortable or whether it can be adjusted.

DISCUSSION

Medical assistance recipients must receive authorization before the program covers partial dentures. Wis. Admin. Code, § DHS 107.07(2)(a)3.b. As with any medical service requiring prior authorization, approval depends upon, among other things, the medical necessity, cost, and frequency of the service as well as the extent to which less expensive alternative services are available. Wis. Admin. Code, § DHS 107.02(3)(e)1., 3., 4., and 6.

The petitioner asks that partial dentures she received in 2010 be replaced because the upper is cracked and the lower is uncomfortable. The prior authorization does not indicate how the upper got cracked, what makes the lower denture uncomfortable, or whether either can be repaired for less money than it would cost to replace them. Without adequate information about these factors, the petitioner and her provider cannot determine if it is proper to provide the new dentures this frequently or whether a less expensive alternative that meets the petitioner's needs is available.

CONCLUSIONS OF LAW

There is insufficient evidence to determine whether the requested denture is cost-effective, medically necessary, or needed this soon after the petitioner previously received dentures.

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 served and 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 18th day of December, 2012

\sMichael D. O'Brien
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin \DIVISION OF HEARINGS AND APPEALS

David H. Schwarz
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 December 18, 2012.

Division of Health Care Access And Accountability