



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]

DECISION

MPA/145622

PRELIMINARY RECITALS

Pursuant to a petition filed November 29, 2012, under Wis. Stat., §49.45(5), to review a decision by the Division of Health Care Access and Accountability (DHCAA) to deny Medical Assistance (MA) authorization for a root canal, a hearing was held on January 9, 2013, by telephone.

The issue for determination is whether petitioner met the criteria for a root canal.

PARTIES IN INTEREST:

Petitioner:

[REDACTED]

Respondent:

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

By: Written submission of Robert Dwyer, DDS

ADMINISTRATIVE LAW JUDGE:

Brian C. Schneider
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Milwaukee County who receives MA.
2. On October 11, 2012, Marquette University School of Dentistry requested prior authorization for a root canal of tooth no 14.
3. The request showed that the tooth in opposition to number 14 was extracted. The DHCAA consultant determined that the restoration was greater than 50% of the clinical crown in size.
4. By a letter dated October 15, 2012, the DHCAA denied the request.

DISCUSSION

Under MA rules, certain medical procedures must be authorized for payment by the DHCAA prior to the provision of the services. A root canal is such a service. Wis. Adm. Code, §DHS 107.07(2)(c). The Department's Prior Authorization Guidelines Manual, Dental, page 124.005.03, states that a poor prognosis for successful root canal therapy is a reason for denying a prior authorization request for root canal. In a prior authorization request the provider has the obligation to justify the provision of the service. Adm. Code, §DHS 107.02(3)(d)6.

Specifically, the Manual states that a request must be denied if any of the following are true:

1. The x-rays indicate the tooth is non-restorable, as determined by the Dental Consultant;
2. The x-ray indicates that more than 50% of the natural clinical crown has been destroyed by decay as determined by the Dental Consultant;...
4. The recipient has poor oral hygiene or a history of rampant decay;...
8. A non-functional occlusion for the tooth due to missing teeth in the opposing dental arch or quadrant.

If the Dental Consultant makes the determination that the request must be denied, the MA recipient may appeal, but to succeed in an appeal the recipient and the provider must show that the Consultant was wrong. Petitioner testified that if the root canal were granted she would pay to have a crown placed for the opposition tooth, but there is nothing in the request suggesting that possibility. In addition, there is no evidence disputing the DHCAA conclusion that more than 50% of the crown would have to be restored.

If the dentist disagrees with the finding that more than 50% of the crown would have to be restored, and has knowledge that petitioner intends to restore the lower tooth, a new prior authorization request can be filed. However, I cannot find that the denial of this request was incorrect.

CONCLUSIONS OF LAW

The DHCAA correctly denied a request for a root canal because the oppositional tooth is missing and because more than 50% of the crown would have to be restored.

THEREFORE, it is

ORDERED

That the petition for review herein be and the same is hereby 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 16th day of January, 2013

\sBrian C. Schneider
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 January 16, 2013.

Division of Health Care Access And Accountability