



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of



DECISION

MPA/146280

PRELIMINARY RECITALS

Pursuant to a petition filed December 26, 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 telephonic hearing was held on January 22, 2013, at Rhinelander, Wisconsin. At the request of petitioner, the record was held open until February 12, 2013 for the submission to the Division of Hearings and Appeals (DHA) of a letter from his dentist to establish petitioner's medical extenuating circumstances or that petitioner does not have a poor medical prognosis for partial upper dentures. However, no such dentist letter has been received at DHA by February 12, 2013 or even by the date of this decision.

The issue for determination is whether the Department correctly denied the petitioner's prior authorization (PA) request for partial upper dentures due to poor dental prognosis.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

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

By: Robert Dwyer, DDS dental consultant
Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Gary M. Wolkstein
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a 54 year old resident of Oneida County.
2. The petitioner's dental provider, [REDACTED], submitted a December 14, 2012 prior authorization (PA) request on behalf of the petitioner for upper partial dentures at a cost of \$1,338.00. See Exhibit 2.
3. The Division of Health Care Access and Accountability (DHCAA) sent a December 19, 2012 letter to the petitioner denying his request for upper partial dentures because of the petitioner's poor prognosis due in his decay history, poor oral hygiene, and high caries risk.
4. While the record was held open, petitioner failed to submit to DHA any evidence of establishing that he met the criteria for approval of the upper partial dentures or that he established extenuating circumstances that supported the medical need for the upper partial dentures. See above Preliminary Recitals.

DISCUSSION

Removable prosthodontics can be a covered service for MA recipients, subject to prior authorization. Wis. Admin. Code § DHS 107.02(3)(a) through (i); see also, Wisconsin Medicaid Dental Provider Handbook, 124.015.01. 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.

“Medically necessary” means a medical assistance service under chapter DHS 107 that is:

- (a) Required to prevent, identify or treat a recipient's illness, injury or disability; and
- (b) Meets the following standards:
 1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability;
 2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider, and the setting in which the service is provided;
 3. Is appropriate with regard to generally accepted standards of medical practice;
 4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient;
 5. Is of proven medical value or usefulness and, consistent with s. HFS 107.035, is not experimental in nature;
 6. Is not duplicative with respect to other services being provided to the recipient;
 7. Is not solely for the convenience of the recipient, the recipient's family, or a provider;
 8. With respect to prior authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient; and
 9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

Wis. Adm. Code § DHS 101.03(96m). The DHCAA must also ensure that the services requested satisfy the limitations imposed by pertinent federal or state statutes, rules, regulations or interpretations, including Medicare, or private insurance guidelines. Wis. Admin. Code § DHS 107.02(3)(e)9.

The Medicaid program dental prior authorization guidelines states, in pertinent part, the following policy language with respect to the approval of removable prosthodontics:

Approval Criteria:

4. The recipient can accommodate the partial and properly maintain the partial...”

...
Wisconsin Medicaid Provider Handbook, 124.016.06.

The Wisconsin Medicaid Provider Handbook, Part B, page B90, Appendix 14, states:

PARTIAL DENTURES: Partial dentures are covered only for recipients with good oral health and hygiene, good periodontal health (AAP type I or II), and a favorable prognosis where continuous deterioration of periodontal health is not expected.

(Emphasis added).

Also on page B91, it states:

DOCUMENTATION: Each PA request for removable prosthesis or relines should explain the individual needs of the recipient and include the following information:

2. Partial Dentures

- Complete periodontal charting and x-rays sufficient to show entire arch in question; the consultant can request additional information such as diagnostic casts on a case-by-case basis.
- Periodontal status (AAP Type I-V)
- Oral hygiene status
- Attendance record of recipient
- Verification that all abscessed or non-restorable teeth have been extracted or are scheduled to be extracted (or the PA request will be returned for extraction dates and appropriate healing period).
- Verification that all remaining teeth are decay-free or the recipient is scheduled for all restorative procedures.
- Success potential for proper completion and long-term maintenance of the partial denture.

In this case, the DHCAA Consultant indicated that petitioner’s request was denied because petitioner has a history of poor oral hygiene status. The DHCAA Consultant determined that petitioner was a poor candidate for partial dentures, that the criteria outlined in the PA guidelines was not met, and that no unusual or extenuating circumstances were relevant to the consideration. At the hearing, petitioner was unable to identify any additional information and/or other considerations; he was given additional time to review his records and/or to consult with his dentist to provide additional information in support of his request. No information was received. Therefore, I must conclude that petitioner is not eligible for payment of partial dentures by the MA program at this time. Petitioner may, however, submit a new PA request if he obtains new dental evidence from his dentist.

CONCLUSIONS OF LAW

The Department correctly denied the petitioner's prior authorization (PA) request for partial upper dentures due to his poor dental prognosis.

THEREFORE, it is

ORDERED

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 12th day of March, 2013

\sGary M. Wolkstein
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 March 12, 2013.

Division of Health Care Access And Accountability