



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

██████████
██████████
██████████
██████████

DECISION

MPA/148814

PRELIMINARY RECITALS

Pursuant to a petition filed April 15, 2013, 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 May 23, 2013, at Superior, Wisconsin.

The issue for determination is whether the petitioner was entitled to medical assistance for a root canal.

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: 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 Douglas County.
2. On February 27, 2013, the petitioner with ██████████ requested authorization for a root canal on tooth #19, a molar. The Division of Health Care Access and Accountability denied the request on March 11, 2013.

3. More than 50% of the natural crown of tooth #19 has been destroyed by decay.

DISCUSSION

The petitioner appeals the denial of her prior authorization request for a root canals on tooth 19, a molar. A root canal removes infected pulpal tissue from the tooth and replaces it with a filling to prevent the loss of the tooth. Root canals are reimbursed if they meet the criteria found in the *Prior Authorizations Guidelines Manual*, § 124.009. Those guidelines require denial if “one or more of the Denial Criteria are met.” *Prior Authorizations Guidelines Manual*, § 124.009.04.

The Division of Health Care Access and Accountability denied the request because it determined that the petitioner’s tooth fell within the following denial criterion found at *Prior Authorizations Guidelines Manual*, § 124.009.04:

1. The x-rays indicate that 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.

The petitioner submitted a statement from her dentist that the tooth was strong and could be restored, but her dentist did not dispute the Division’s assertion that over 50% of the tooth’s natural crown is missing. Because this meets one of the denial criteria, and a request must be denied if any of the denial criteria are met, I must uphold the Division’s decision even if the tooth is restorable.

CONCLUSIONS OF LAW

The petitioner is not entitled to the requested root canal 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 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 24th day of May, 2013

\sMichael 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 May 24, 2013.

Division of Health Care Access And Accountability