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

In the Matter of:

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

DECISION

MPA/154617

PRELIMINARY RECITALS

Pursuant to a petition filed January 06, 2014, 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 ["DCHAA"] in regard to Medical Assistance ["MA"], a Hearing was held via telephone on February 25, 2014.

The issue for determination is whether it was correct for DHCAA to deny Prior Authorization ["PA"] for complete dentures for petitioner.

There appeared at that time via telephone the following persons:

PARTIES IN INTEREST:

Petitioner:

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

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Robert Dwyer, DDS, DCHAA Dental Consultant [Dr. Dwyer did not appear at the February 25, 2014 Hearing but submitted a letter dated January 27, 2014 with attachments.]

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

OTHER PERSONS PRESENT:

██████████, Dietary Supervisor, Christian Home & Rehabilitation Center, Inc.
██████████, Social Worker, Christian Home & Rehabilitation Center, Inc.

ADMINISTRATIVE LAW JUDGE:
 Sean P. Maloney
 Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (94 years old) is a resident of Dodge County, Wisconsin.
2. Petitioner's provider, [REDACTED] of Brookfield, Wisconsin requested PA (P.A. # [REDACTED]; dated November 20, 2013) for MA coverage for complete dentures for petitioner at a total cost of \$1,450.00.
3. DHCAA denied PA # [REDACTED] for complete dentures for petitioner; DHCAA sent a letter to petitioner dated December 12, 2013 and entitled *BadgerCare Plus Notice of Appeal Rights* informing her of this.
4. The ridge of petitioner's mandible is insufficient to support a workable lower denture.

DISCUSSION

Petitioner appeals because DHCAA denied PA for the requested complete dentures. Dentures require PA. Wis. Admin. Code § 107.07(2)(a)3.a. (May 2009). This is a denial of eligibility for services; it is not discontinuation of services. As with any eligibility denial, the burden is on petitioner to show that she is eligible for the requested services. *Lavine v. Milne*, 424 U.S. 577, 583-584 (1976). Petitioner has failed to do so.

By law, MA pays only for medically necessary and appropriate health care services when provided to currently eligible MA recipients. Wis. Admin. Code §§ DHS 107.01(1) & 107.17(1) (May 2009); See also, Wis. Stat. §§ 49.46(2) & 49.47(6)(a) (2011-12). In order for a service to be *medically necessary* it must meet several specific requirements. See, Wis. Admin. Code § DHS 101.03(96m) (December 2008). One of the requirements for *medical necessity* is that the service not be medically contradicted with regard to the recipient's diagnoses. Wis. Admin. Code § DHS 101.03(96m)(b)4. (December 2008); see also, *Prior Authorization Guidelines Manual* ["PA Manual"] 124.010.06; *Denial Criteria* 8. (01/29/08).

In this case the ridge of petitioner's mandible is insufficient to support a workable lower denture. Therefore, DHCAA was correct deny PA for complete dentures for petitioner.

Petitioner may, if she wishes, have her provider submit a new PA with the additional documentation if she believes her mandible is sufficient to support a workable lower denture.

CONCLUSIONS OF LAW

For the reasons discussed above, DHCAA was correct deny PA for complete dentures for petitioner.

NOW, 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, Room 651, 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, 2014

\sSean P. Maloney
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, 2014.

Division of Health Care Access and Accountability