



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[Redacted]

DECISION

MPA/158112

PRELIMINARY RECITALS

Pursuant to a petition filed June 3, 2014, 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 partial denture, a hearing was held on August 21, 2014, by telephone. A hearing set for August 13, 2014 was rescheduled at the petitioner's request.

The issue for determination is whether petitioner meets the criteria for a partial denture.

PARTIES IN INTEREST:

Petitioner:

[Redacted]

Petitioner's Representative:

[Redacted]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
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 Dane County who receives MA.
2. On April 24, 2014, Meriter Hospital – Max Pohle Dental Clinic requested prior authorization on petitioner's behalf for a partial denture, PA no. [Redacted] By a letter dated May 7, 2014, the DHCAA denied the request.
3. The DHCAA denied the request because petitioner's periodontal charting showed poor periodontal health, that AAP Type I or II had not been achieved.

## DISCUSSION

Placement of partial dentures requires prior authorization. Wis. Admin. Code, §DHS 107.07(2)(a)3.b. The MA Provider Handbook, Topic 2895, provides the approval criteria for partial dentures: “Wisconsin Medicaid reimburses for partial dentures *only* for members with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected.” If prior authorization is requested, it is the provider’s responsibility to justify the need for the service. Wis. Admin. Code, §DHS 107.02(3)(d)6.

The DHCAA concluded that petitioner’s remaining teeth, on which the partial denture would be supported, are likely to deteriorate because AAP Type I or II was not present. I admit to some trepidation in accepting that finding because the prior authorization document says that petitioner has met AAP Type I or II. However, given the DHCAA response, and that petitioner appealed the DHCAA response, I would expect some evidence from the provider that the DHCAA consultant is wrong. Unless there is professional evidence rebutting the DHCAA finding, I have no basis to overrule it. I thus must uphold the denial of the request for a partial denture because petitioner provided no evidence to rebut the DHCAA conclusion.

If petitioner’s dentist is of the opinion that petitioner’s remaining teeth are sufficiently healthy to support a partial denture long-term, he can file a new prior authorization request with evidence supporting that position. At this point there is no such evidence, and I must conclude that the denial was correct.

## CONCLUSIONS OF LAW

The DHCAA correctly denied the request for a partial denture based upon its finding that petitioner’s remaining teeth do not meet the approval criteria of being AAP Type I or II.

**THEREFORE, it is**

**ORDERED**

That the petition for review herein be and the same is hereby dismissed.

## **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or 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 filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in

this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,  
Wisconsin, this 27th day of August, 2014

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\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 August 27, 2014.

Division of Health Care Access and Accountability