



STATE OF WISCONSIN  
Division of Hearings and Appeals

In the Matter of



DECISION

MPA/162830

**PRELIMINARY RECITALS**

Pursuant to a petition filed December 22, 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 (DHCAA or Division) in regard to Medical Assistance (MA)/BadgerCare Plus, a hearing was held on February 10, 2015, by telephone.

The issue for determination is whether the Division correctly denied a prior authorization request for an upper partial denture.

There appeared at that time the following persons:

**PARTIES IN INTEREST:**

Petitioner:



Respondent:

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

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

**ADMINISTRATIVE LAW JUDGE:**

Nancy J. Gagnon  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # ) is a resident of Dane County. She is certified for MA or BCP.

2. On November 13, 2014, a prior authorization request was submitted on the petitioner's behalf for a maxillary (upper) partial denture. The Division issued written notice of denial on December 9, 2014.
3. The Division's bases for denial were that (1) the petitioner is not missing at least six teeth in her upper arch, and (2) the petitioner retained at least two posterior teeth per quadrant that were in occlusion with lower teeth.
4. The petitioner is already missing teeth #1, #16 (wisdom teeth), and #4,#5, and #15 in the upper arch. She is also missing all teeth in the lower arch, and has full lower denture. The petitioner acknowledges that #1, #4, #5, and #16 are missing; she does not recall that #15 is missing.
5. Due to problems with her lower denture, the petitioner is currently eating soft food. The prior authorization request that is the subject of this hearing did not request service related to the lower denture. The petitioner's current BMI is 20.1.

### DISCUSSION

A partial denture can be a covered service for an MA recipient, subject to prior authorization. Wis. Stat. s.49.46(2)(b)1im. For any prior authorization request to be approved, the requested service must satisfy the generic prior authorization criteria listed at §DHS 107.02(3)(e). Those criteria include the requirement that the service be medically necessary and appropriate. *Id.*, 1, 2.

A partial denture is a prosthetic device, which replaces some missing teeth in an arch and is held in place by remaining natural teeth. An arch is half of the mouth, either the upper (maxillary) arch or lower (mandibular) arch.

The prior authorization request submitted by the dentist to the Division shows that the petitioner has lost teeth #1, #4, #5, #15 and #16 in her upper arch. She also is missing all lower teeth, and currently has an ill-fitting lower denture.

The Department has developed a policy document, the *Medicaid Providers Online Handbook*, to provide more uniform guidance as to when a requested dental procedure is medically necessary and appropriate. Application of the policy, shown below, resulted in the determination that the request was not appropriate at this time:

Topic 32895

Partial Dentures

Wisconsin Medicaid reimburses for partial dentures only for members with good oral health and hygiene, good periodontal health (AAP (American Academy of Pediatrics) Type I or II), and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected.

A member qualifies for a partial denture if any of the following criteria are met:

- ...
- The member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant
- The member has at least six missing teeth per arch, including third molars.
- The member requires replacement of anterior teeth for employment reasons.
- ...

If placement of a partial denture in an arch provides at least two posterior teeth (posterior teeth are bicuspid and molars only) per quadrant in occlusion with the opposing quadrant, the opposing partial, if requested, may not be authorized unless the member also has an anterior tooth missing in that arch.

There is no dispute that the petitioner is not missing six or more teeth in her upper arch. She is missing either four or five. She also has two upper posterior (back) teeth that occlude, or match up for chewing with her full lower denture on each side: Teeth #2 and #3 are in occlusion with the lower denture, and teeth #13 and #14 on the other upper half are in occlusion with the lower denture. Thus, if her lower denture is fitted properly, she retains enough posterior teeth to chew food. The Division has acted consistently with its policy, which is not unreasonable.

### CONCLUSIONS OF LAW

1. The Division correctly denied the instant prior authorization request for an upper partial denture because the denture was not medically necessary, given the current state of the petitioner's dentition.

**THEREFORE, it is**

**ORDERED**

That the petition is 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 11th day of February, 2015

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\sNancy J. Gagnon  
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 February 11, 2015.

Division of Health Care Access and Accountability