



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

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In the Matter of

██████████  
██████████  
██████████

DECISION

MPA/163470

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**PRELIMINARY RECITALS**

Pursuant to a petition filed January 22, 2015, 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 March 26, 2015, at New Richmond, Wisconsin. A hearing scheduled for February 19, 2015, was rescheduled at the petitioner’s request.

The issue for determination is whether the petitioner is entitled to medical assistance reimbursement 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, Room 651  
Madison, Wisconsin 53703

By: Dr. ██████████, D.D.S.  
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 St. Croix County.

2. The petitioner sought authorization on December 16, 2014, for a root canal on tooth 19, a molar, at a cost of \$1,116. The Division of Health Care Access and Accountability denied the request on December 26, 2014.
3. Less than 50% of the crown for tooth 19 is intact.

### DISCUSSION

The petitioner appeals the denial of his prior authorization request for a root canals on tooth 10, 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 (and I assume his dentist) believes that the tooth can be restored, but dental records show 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 even only one of the denial criteria is met, I must uphold the Division’s decision even if the tooth is restorable.

### CONCLUSIONS OF LAW

The Division of Health Care Access and Accountability correctly denied the petitioner’s request for a root canal on tooth 19 because less than half of that tooth’s crown is intact.

**THEREFORE, it is**

**ORDERED**

The petitioner's appeal 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 6th day of May, 2015

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\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 6, 2015.

Division of Health Care Access and Accountability