



STATE OF WISCONSIN  
Division of Hearings and Appeals

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MPA/164991

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**PRELIMINARY RECITALS**

Pursuant to a petition filed March 26, 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 May 21, 2015, via telephone. The record was held open to give Petitioner an opportunity to obtain additional information from her dental provider. That was not submitted.

The issue for determination is whether a prior authorization for a root canal for Petitioner meets standards necessary for Medicaid payment.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

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Respondent:

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

By: Dr. 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:**

David D. Fleming  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner is a resident of Walworth County.

2. A prior authorization request was filed on behalf of Petitioner on seeking Medicaid payment for a root canal on tooth 19, a molar, at a cost of \$1,101.60.
3. The Division of Health Care Access and Accountability denied the request on March 16, 2015 and the reason for the denial was that the long term prognosis was questionable due to gum and bone disease.

### **DISCUSSION**

Root canals are reimbursed if they meet the criteria found in the Department of Health Services online provider handbooks. Those criteria for a root canal state:

Topic #2881

#### **Anterior, Bicuspid, and Molar Root Canal Therapy**

Root canal therapy should only be provided when there is a strong likelihood that the treatment will be successful and definitive (i.e., that it will not later result in extraction). To receive Medicaid reimbursement for root canal therapy, the member's record must include clinical documentation of *all* the following:

- Evidence of good periodontal health (AAP periodontal classification of Type I or II).
- Evidence visible on radiographs that at least 50 percent of the clinical crown is intact.
- A treatment plan that identifies no more than three teeth for root canal therapy, including molars. Molar root canals (D3330) for members ages 21 and older and treatment plans involving root canal therapy on four or more teeth require PA. Anterior, bicuspid, and molar root canals (D3310, D3320, and D3330) are not reimbursable if any of the following are true:
  - The member has fewer than two posterior teeth in occlusion per quadrant.
  - The member is missing six or more teeth in the arch where the root canal is to be performed, including third molars.
  - The member is missing one or more anterior teeth in the arch where the root canal is to be performed.

If the member has one of the previously listed conditions, he or she may qualify for a partial denture and the provider should request PA for the partial denture service.

<https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=15&s=2&c=525&nt=Root+Canal+Therapy>.

A petitioner has the burden of proving by the preponderance of the credible evidence that the requested medical service, here the root canal, is medically necessary. This case is dependent upon some medical documentation as to Petitioner's periodontal health. The available documentation does not indicate that Petitioner's periodontal classification meets the Type I or II standard. No additional evidence was submitted after the hearing. I cannot find that Petitioner has met her burden of proof and, therefore, uphold the agency's decision.

### **CONCLUSIONS OF LAW**

The Division of Health Care Access and Accountability correctly denied the Petitioner's request for a root canal because she did not show by the greater weight of the credible evidence that the procedure is medically necessary.

**THEREFORE, it is**

**ORDERED**

That this 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 Milwaukee,  
Wisconsin, this 30th day of July, 2015

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\sDavid D. Fleming  
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 July 30, 2015.

Division of Health Care Access and Accountability

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