



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

HMO/165428

PRELIMINARY RECITALS

Pursuant to a petition filed April 14, 2015, under Wis. Stat. § 49.45(5)(a), and Wis. Admin. Code § HA 3.03, to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on May 06, 2015, at Milwaukee, Wisconsin.

There remains no issue for determination.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

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

By: Melody Suthers
United Healthcare of Wisconsin
10701 West Research Drive
Wauwatosa, WI 53226

ADMINISTRATIVE LAW JUDGE:

Corinne Balter
Division of Hearings and Appeals

FINDINGS OF FACT

1. The petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. The petitioner lost his current set of dentures, and requested replacement dentures.
3. On April 6, 2015 United Healthcare sent the petitioner a letter stating that they denied his request for replacement dentures.

4. On April 17, 2015 the Division of Hearings and Appeals received the petitioner's request for fair hearing.
5. On May 6, 2015 a hearing was held. The Department did not appear at the hearing. A representative from [REDACTED] appeared and explained that they denied the replacement dentures because it exceeded the allowable frequency.
6. Following the hearing on May 7, 2015 the Division of Hearings and Appeals received a letter from the Department stating that they recommend the petitioner postpone the hearing to allow the dental consultant to review the case.
7. On May 11, 2015 the Division of Hearings and Appeals received another letter from the Department stating that the dental consultant reviewed and approved the dentures.

DISCUSSION

The Department may only reimburse providers for medically necessary and appropriate health care services and equipment listed in Wis. Stat. §§ 49.46(2) and 49.47(6)(a), as implemented by Wis. Admin. Code Ch. DHS 107. Some services and equipment are covered if a prior authorization request is submitted and approved by the DHCAA in advance of receiving the service. Finally, some services and equipment are never covered by the MA program. The MA program covers dentures, however dentures are only allowed once per five years, per arch, unless extenuating medical circumstances are present and documented by the provider. *Wisconsin Medicaid program dental prior authorization guidelines*, Page 124.011.01.

In this case the appeal was requested prior to the Department's approval of the petitioner's dentures. In approving the dentures, the Department's dentist, Dr. Jelinek, wrote: "UHC incorrectly denied replacements for last denture. No evidence member as not exercised reasonable care. UHC must provide replacement of lost denture." Even though this prior authorization request exceeds the allowable frequency for dentures, lost dentures is an extenuating medical circumstance when a person takes reasonable care of his or her dentures. Without dentures a person not only has difficulty eating, but has additional medical risks. The Department's dentist is the only expert in the dental field. The representative from United Healthcare was a doctor, not a dentist. I further note that this is the first set of replacement dentures requested by the petitioner. For all of the above stated reasons, I agree with the Department that the denial was incorrect. The Department has already corrected this problem. There remains no issue for my determination.

CONCLUSIONS OF LAW

There remains no issue for determination.

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 Milwaukee,
Wisconsin, this 21st day of May, 2015

\sCorinne Balter
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator
Suite 201
5005 University Avenue
Madison, WI 53705-5400

Telephone: (608) 266-3096
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on May 21, 2015.

Division of Health Care Access and Accountability