



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/173272

PRELIMINARY RECITALS

Pursuant to a petition filed March 30, 2016, 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 (MA), a hearing was held on April 22, 2016, at Barron, Wisconsin.

The issue for determination is whether the petitioner is entitled to medical assistance reimbursement for a partial denture.

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: Dr. [REDACTED]
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 Barron County.

2. On February 5, 2016, the petitioner with Family Health Center of Marshfield, Inc., requested an upper partial denture at a cost of \$1,459. The department denied the request on February 17, 2016.
3. Besides wisdom teeth, the petitioner is missing the following upper teeth: 2, 3, 5, 14, and 15.
4. The pocket depths of the gums around the petitioner's teeth range from 2 – 4.
5. The petitioner's mouth will not successfully hold a denture.

DISCUSSION

Medical assistance requires prior authorization before a person can receive a partial denture. Wis. Admin. Code § DHS 107.07(2)(a)3.b. The petitioner seeks an upper partial denture, which the department denied because it contends she has bone loss on teeth 7 – 10 and has pocket depths of 5mm.

The *Online Provider Handbook for Dental Services*, Topic 2895 indicates that medical assistance will pay 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.” (Emphasis in the original.) It offers no further explanation about constitutes good oral health and hygiene, good periodontal health.

Similarly, the department's denial contains little specific information concerning what the chances are that the denture will succeed or fail. And at least one part of its written statement is false: it states that the petitioner has pocket depths in the gums around her teeth of 5mm. The chart showing these depths indicates that this was true in November 2011, but as of February 2016 none of the depths exceeded 4mm. Although the department's reasons for denial are vague and inaccurate, nothing in the petitioner's prior authorization request contradict the Office's claim. The petitioner and her dentist have the burden of proving by the preponderance of the evidence that the requested denture will successfully treat her problem. Because they have not done so, the Office of Inspector General correctly denied that request.

CONCLUSIONS OF LAW

The Office of Inspector General correctly denied the petitioner's request for an upper partial denture because she has not shown by the preponderance of the evidence that denture is medically necessary.

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.

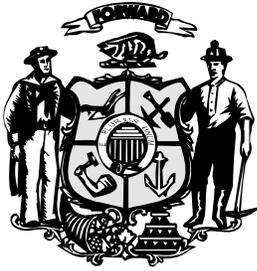
APPEAL TO COURT

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 13th day of May, 2016

\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 13, 2016.

Division of Health Care Access and Accountability