



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MPA- 173511

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**PRELIMINARY RECITALS**

On April 5, 2016, the above petitioner filed a hearing request under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to challenge a decision by the Division of Health Care Access and Accountability regarding Medical Assistance (MA). The hearing was held on June 3, 2016, by telephone, from Madison, Wisconsin. Two previously scheduled hearings were rescheduled at petitioner's request.

The issue for determination is whether petitioner meets the criteria for a partial denture.

There appeared at that time 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: [REDACTED], DDS (written appearance only)  
Division of Health Care Access and  
Accountability  
PO Box 309  
Madison, WI 53701-0309

**ADMINISTRATIVE LAW JUDGE:**

Peter McCombs  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Portage County.
2. On May 4, 2015, Family Health Center of Marshfield, Inc., requested prior authorization on petitioner's behalf for a partial denture, PA no. [REDACTED]. By a letter dated March 7, 2016, the DHCAA denied the request.
3. The DHCAA denied the request because petitioner's periodontal charting showed poor periodontal health where continuous deterioration of teeth and periodontal health is expected.

**DISCUSSION**

Placement of partial dentures requires prior authorization. Wis. Admin. Code, §DHS 107.07(2)(a)3.b. The MA Provider Handbook, Topic 2895, provides the approval criteria for partial dentures: "Wisconsin Medicaid reimburses 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."

The DHCAA concluded that petitioner's periodontal health was not sufficient to qualify him for the partial denture. Petitioner argued that his provider has indicated that it's more feasible to use existing teeth to support the lower denture. Additionally, he recently underwent bariatric surgery, so the teeth are very much needed to ensure his ongoing nutritional health. He further testified that his existing teeth do not cause pain and are not loose. Unfortunately, the record contains no professional evidence rebutting the DHCAA findings; as such, I have no basis to overrule it. I thus must uphold the denial of the request for a partial denture.

If petitioner's dental care provider is of the opinion that petitioner's remaining teeth are sufficiently healthy to support a partial denture long-term, he or she can file a new prior authorization request with evidence supporting that position. At this point there is no such evidence, and I must conclude that the denial was correct.

**CONCLUSIONS OF LAW**

The DHCAA correctly denied the request for a partial denture based upon its finding that petitioner's remaining teeth are deteriorating and unlikely to support a partial denture long-term.

**THEREFORE, it is** **ORDERED**

That the petition for review herein be and the same is hereby 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.

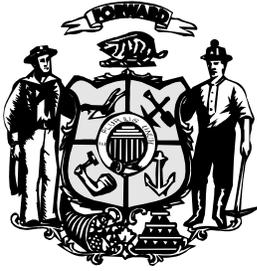
### **APPEAL TO COURT**

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, **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 7th day of July, 2016

\s \_\_\_\_\_  
Peter McCombs  
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 7, 2016.

Division of Health Care Access and Accountability