



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of



DECISION

MPA/174402

PRELIMINARY RECITALS

Pursuant to a petition filed May 14, 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 June 06, 2016, at Ashland, Wisconsin.

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

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: 
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 (CARES # ) is a resident of Ashland County.
2. On April 5, 2016, the petitioner with Family Health Center of Marshfield requested an upper partial denture at a cost of \$1,459.

3. The petitioner has worn an upper partial denture for eight years without any problems. He has no loose upper teeth, but the denture itself is starting to loosen because of its age.
4. The petitioner has four remaining upper teeth. The pocket depths are 4mm and 7mm on tooth #2 and 5mm on tooth #3.

DISCUSSION

The petitioner seeks medical assistance payment for an upper partial denture. Medical assistance requires prior authorization before a person can receive a partial denture. Wis. Admin. Code § DHS 107.07(2)(a)3.b. The *Online Medicaid Handbook*, Topic 2829, allows partial dentures for those who are missing one or more anterior teeth, but it also indicates that the recipient must have “good oral health and hygiene, good periodontal health,...and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected.” The petitioner meets the approval criteria because he is missing his four front upper teeth. The department denied his request denture because he has bone loss and poor periodontal health.

The petitioner points out that he has had his current denture for eight years and that his teeth haven't loosened since then, although his dentures have loosened because of age. This suggests that his bone structure remains strong enough to hold a denture. But there is objective evidence of gum disease. He has four remaining upper teeth. The pocket depths are 4mm and 7mm on tooth #2 and 5mm on tooth #3. He has the burden of proving that the requested denture is medically necessary. With the current state of his gums, he does not meet this burden. Therefore, I must uphold the department's denial.

The petitioner testified that his dentist is willing to do a deep cleaning to reduce his gum pockets. I would suggest that he do this and submit a new request. If the department denies that request because of bone loss, I suggest that if he appeals the denial his dentist submit a detailed explanation of why she believes that he can successfully wear the denture.

CONCLUSIONS OF LAW

The requested partial 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 7th day of June, 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 June 7, 2016.

Division of Health Care Access and Accountability