



FH  
[REDACTED]

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

---

In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

**DECISION**  
Case #: MPA - 174722

---

**PRELIMINARY RECITALS**

Pursuant to a petition filed on May 27, 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 regarding Medical Assistance (MA), a hearing was held on July 14, 2016, by telephone.

The issue for determination is whether the PA # [REDACTED] was correctly denied.

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, WI 53703

By: [REDACTED] DDS (in writing)  
Division of Health Care Access and Accountability  
PO Box 309  
Madison, WI 53701-0309

**ADMINISTRATIVE LAW JUDGE:**

John P. Tedesco  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Oconto County.
2. Petitioner's provider submitted a PA request for upper and lower partial dentures on 4/6/16.
3. The consultant determined that petitioner's poor prognosis does not meet criteria for approval.

4. Petitioner appealed.

### 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 a lower partial denture, which the Office of Inspector General denied because it contends she has significant bone loss.

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, or good periodontal health.

Notably, the provider included a notation in the PA request form that stated that the PA was being submitted “for denial purposes only.” I am presuming that the provider was filing the PA with the knowledge that the request would be denied.

Nothing in the petitioner’s prior authorization request or a subsequent letter from her dentist contradict the consultant’s determination. Petitioner has the burden of proving by the preponderance of the evidence that the requested denture will successfully treat the problem. Because petitioner has 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 and lower partial denture because she has not shown that it is medically necessary or appropriate.

**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, **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 4th day of August, 2016

\s \_\_\_\_\_  
John P. Tedesco  
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](mailto:DHAmail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on August 4, 2016.

Division of Health Care Access and Accountability