



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of



DECISION
Case #: MPA - 175434

PRELIMINARY RECITALS

Pursuant to a petition filed on July 7, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Written Submission by [redacted] DDS, Dental Consultant Division of Health Care Access and Accountability regarding Medical Assistance (MA), a hearing was held on August 24, 2016, by telephone.

The issue for determination is whether petitioner is eligible for payment by the MA program for root canal therapy.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:



;

Respondent:

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

By:

Written submission by [redacted] DDS, Dental Consultant
Division of Health Care Access and Accountability
PO Box 309
Madison, WI 53701-0309

ADMINISTRATIVE LAW JUDGE:

Teresa A. Perez
Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner (CARES # [redacted]) is a resident of Dane County.

2. On June 2, 2016, the petitioner's provider submitted a request for prior authorization to the Division of Health Care Access and Accountability ("the division") for MA coverage of a root canal on a molar tooth (tooth #31).
3. Based upon a review of x-rays and other clinical documentation, the division's dental consultant determined that the tooth was less than 50% intact, that there was excessive bone loss in the area involved, and that the prognosis was poor for restoration.
4. The division denied the prior authorization request on June 16, 2016.
5. On July 11, 2016, the petitioner filed an appeal with the Division of Hearings & Appeals contesting the denial of the requested coverage for root canal therapy.

DISCUSSION

The Division of Health Care Access & Accountability ("the division") 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, Chapter DHS 107. MA rules provide that certain services, including root canal therapy, must be authorized for payment by the division prior to the provision of the service. Wis. Adm. Code, §DHS 107.07(2)(a)1. The *Medicaid Online Provider Handbook*, in turn, sets forth coverage policies the division uses during that prior authorization process to determine whether specific types of requested services are medically necessary and appropriate. The coverage policy for root canals provides as follows:

Root canal therapy should only be provided when there is a strong likelihood that the treatment will be successful and definitive (i.e., that it will not later result in extraction). To receive Medicaid reimbursement for root canal therapy, the member's record must include clinical documentation of *all* the following:

- Evidence of good periodontal health (AAP periodontal classification of Type I or II).
- *Evidence visible on radiographs that at least 50 percent of the clinical crown is intact.*
- A treatment plan that identifies no more than three teeth for root canal therapy, including molars. Molar root canals (D3330) for members ages 21 and older and treatment plans involving root canal therapy on four or more teeth require PA. [Emphasis Added]. See Topic #2881.

Here, the division's dental consultant concluded that the documentation submitted with the prior authorization request did not demonstrate that at least 50% of the petitioner's clinical crown was intact. The petitioner credibly testified that his dentist indicated that root canal therapy would be appropriate and that the dentist had indicated he was going to send additional documentation to support the appeal. The hearing record was thus held open to allow the petitioner time to submit that additional documentation. On August 30, 2106, the dentist submitted a letter to me which stated, in relevant part, "I have evaluated the tooth and it has intact buccal and lingual walls and adequate tooth structure remains for permanent restoration." The petitioner's provider however did not identify the particular percentage of the tooth structure that remains intact and thus did not effectively rebut the division's conclusion. There is therefore insufficient evidence to establish that the petitioner satisfies the division's coverage criteria for root canal therapy.

If the petitioner's dentist believes that petitioner does satisfy the coverage criteria at issue (i.e., that 50% or more of the clinical crown is intact), he can file a new prior authorization request explaining why he disagrees with the dental consultant and can provide further supporting medical documentation.

CONCLUSIONS OF LAW

The Division of Health Care Access and Accountability correctly denied the petitioner’s request for prior authorization of a root canal on tooth 31 because medical documentation does not demonstrate that at least 50% of that tooth’s crown is intact.

NOW, 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 2nd day of September, 2016

\s _____
Teresa A. Perez
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 September 2, 2016.

Division of Health Care Access and Accountability