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[REDACTED]

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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

**DECISION**  
Case #: MPA - 200474

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**PRELIMINARY RECITALS**

Pursuant to a petition filed on November 10, 2020, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Medicaid Services regarding Medical Assistance (MA), a hearing was held on December 16, 2020, by telephone.

No issue remains for determination by the Division of Hearings and Appeals at this time.

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:

Division of Medicaid Services  
PO Box 309  
Madison, WI 53701-0309

**ADMINISTRATIVE LAW JUDGE:**

Beth Whitaker  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Brown County.
2. On October 14, 2020, petitioner's dental provider submitted a Prior Authorization Dental Request (PA # [REDACTED]) for mandibular complete denture and maxillary complete denture.

3. On October 19, 2020, the Department wrote in response to the Prior Authorization Dental Request to inform petitioner that it approved the maxillary complete denture and denied the mandibular complete denture because “Forward Health can allow this service once every five years.”
4. On November 12, 2020, the Division of Hearings and Appeals received petitioner’s Request for Fair Hearing seeking approval for extraction of four teeth in order to accommodate a mandibular complete denture.
5. Upon review of petitioner’s appeal, the Department wrote to the Division and to petitioner to state: “Based on the information received with the member’s Appeal Request and a further review of the Prior Authorization, the Division will reverse its original decision and approve the request for the Mandibular Complete Denture.”

### DISCUSSION

On November 12, 2020, Petitioner filed an appeal with the Division regarding a decision by the agency to deny a preauthorization request for a mandibular complete denture. Dentures can be covered services for an MA recipient, subject to prior authorization. Wis. Stat. §49.46(2)(b)1im; Wis. Admin. Code §DHS 107.07(2)(c)7. For any prior authorization request to be approved, the requested service must satisfy the generic prior authorization criteria listed at §DHS 107.02(3)(e). Those criteria include the requirement that the service be medically necessary and appropriate. Id., 1, 2. The Department has developed policy documents to provide more uniform guidance as to when a requested partial denture is medically necessary and appropriate. See Topics #2892, 2895, and 2896 of the Forward Health online portal. Specifically, the Forward Health Medicaid guidance states reimbursement for partial dentures occurs “only for members with good oral health and hygiene, good periodontal health (AAP(American Academy of Pediatrics) Type 1 or II), and favorable prognosis where continuous deterioration of teeth and periodontal health is not expected.” Topic #2895. Moreover, coverage for a full or partial denture is limited to once per arch per five years unless unusual circumstances are documented in the PA request. Topic #2892.

A hearing was scheduled for December 16, 2020. Petitioner said that on an unknown date in the past she was approved for and received a mandibular partial denture but the teeth necessary to support it are now rotten, making her current partial denture ineffective for eating. She submitted documentation that on September 17, 2020, her dental provider proposed extracting four mandibular (lower) teeth. She explained that this was preparatory to fitting a mandibular complete denture.

Prior to hearing, the Department of Health Services, Division of Medicaid Services (“the Department”) notified both the Division of Hearings and Appeals and Petitioner’s daughter, that based on additional information submitted with the appeal, the Department is now willing to approve the requested item. The letter provides the following instructions for the requesting provider: “ The member’s provider, Dr. Kaur should submit a new Prior Authorization request for a Mandibular Complete Denture (D5120) along with a copy of this letter and the request will be approved.

Because the Department has reversed its initial finding regarding the necessity of the mandibular complete denture based on the additional information provided, no issue remains for determination by the Division of Hearings and Appeals.

This decision will NOT be sent directly to the requesting provider. Petitioner’s representative is advised that she must forward this decision to the provider if she would like the provider to receive a copy of it.

**CONCLUSIONS OF LAW**

No issue remains for determination.

**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, 4822 Madison Yards Way, 5<sup>th</sup> Floor North, 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.

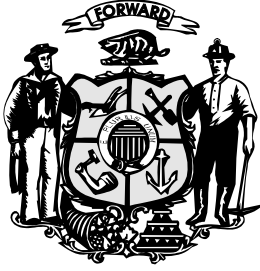
**APPEAL TO COURT**

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 5th day of January, 2021

\s \_\_\_\_\_  
Beth Whitaker  
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 January 5, 2021.

Division of Medicaid Services