



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

██████████
████████████████████
████████████████████

DECISION
Case #: MPA - 220672

PRELIMINARY RECITALS

Pursuant to a petition filed on November 1, 2025, 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, 2025, by telephone.

The issue for determination is whether the Department erroneously denied petitioner's request for a mandibular partial denture.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

██████████
████████████████████
████████████████████

Respondent:

Department of Health Services
201 E. Washington Ave.
Madison, WI 53703

By written submission received November 5, 2025.

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

ADMINISTRATIVE LAW JUDGE:

Jason M. Grace
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Milwaukee County.

2. On October 2, 2025, ██████████ requested PA on petitioner's behalf for a partial maxillary denture (D5211) and partial mandibular denture (D5212), PA # ██████████. The supporting documentation indicates that petitioner is missing tooth 17, 18, 19, 20, 21, 27, 28, 29, 30, 31, and 32.
3. On October 2, 2025, the DMS approved the request for the partial maxillary denture but denied the request for the partial mandibular denture. The basis for the denial was that documentation from the provider did not substantiate the requested service in accordance with FowardHealth guidelines.
4. Petitioner filed an appeal.
5. On November 5, 2025, the Department indicated that the mandibular partial denture was denied because, "Based on the information provided with PA ██████████, the Dental Consultant denied the request for the Mandibular Partial and determined the documentation submitted shows that the key abutment teeth needed for retention of a partial denture are not present, therefore, the requested partial denture prosthesis is not substantiated as medically necessary. The Provider has noted the only teeth to retain the partial would be teeth 22,23,24,25 and 26. The abutments for the lower partial are also clinically lacking bone support, indicating a poor long-term prognosis." Letter received from the Department, dated November 5, 2025.
6. On December 31, 2025, petitioner's provided submitted a written response to the Department's denial that provided the following in whole: "Regarding case # MPA 220672. Patient is refused to extract his lower teeth, teeth are solid into bone and are good to a partial." Letter received from ██████████, dated December 31, 2025.

DISCUSSION

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 denture is medically necessary and appropriate. The FowardHealth 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.

A member qualifies for a partial denture if any of the following criteria are met:

- One or more anterior teeth are missing.
- The member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
- The member has at least six missing teeth per arch, including third molars.
- A combination of one or more anterior teeth are missing, and the member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.

- The member requires replacement of anterior teeth for employment reasons.
- Medically necessary for nutritional reasons documented by a physician.
- Unusual clinical situations where a partial is determined to be necessary based on a comprehensive review of the dental and medical histories.

If placement of a partial denture in an arch provides at least two posterior teeth (posterior teeth are bicuspid and molars only) per quadrant in occlusion with the opposing quadrant, the opposing partial, if requested, may not be authorized unless the member also has an anterior tooth missing in that arch.

Found online at:
<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=15&s=2&c=527&nt=Partial+Dentures>.

The petitioner bears the burden to prove his PA request for the partial denture was erroneously denied. I find that he has not met that burden here.

The evidence in the record does indicate petitioner is currently missing more than 6 teeth in his lower arch and has less than two posterior teeth per quadrant in occlusion with the opposing quadrant. The Department nevertheless denied the request for the mandibular partial denture on grounds there is not a favorable prognosis. Specifically, that he lacks key abutment teeth and bone support needed for retention of the partial denture. See Finding of Facts 5 above. The hearing record was left open to allow the petitioner to provide a response from his dental provider. A letter was received from petitioner's provider that contained the following relevant information, "Patient is refused to extract his lower teeth, teeth are solid into bone and are good to a partial." Letter from [REDACTED], dated December 31, 2025.

This administrative law judge lacks the technical expertise needed to independently determine whether placement of the mandibular partial denture has a favorable prognosis. As such, I must rely on the opinions of dental professionals that are presented as evidence at hearing. The record contains written submissions representing the position of each party's dental specialist that are in conflict over whether petitioner has sufficient abutment teeth and bone support to provide a favorable prognosis for placement of the mandibular partial denture. Neither dental specialist testified or provided sufficient insight into its position that would allow for a meaningful assessment of which opinion was more persuasive. Petitioner bears the burden to demonstrate that the Department incorrectly denied his request for the mandibular partial denture. He has failed to meet that burden.

Based on the record before me, I must find that petitioner has failed to demonstrate that the Department erroneously denied his request for the mandibular partial denture.

CONCLUSIONS OF LAW

Petitioner has failed to demonstrate that the Department erroneously denied his request for the mandibular partial denture.

THEREFORE, it is **ORDERED**

That the petition 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, 5th 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.

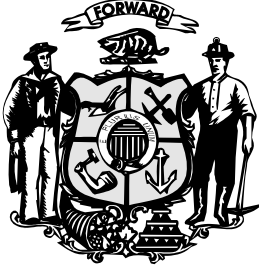
APPEAL TO COURT

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, 201 E. Washington Ave., **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, 2026

\s _____
Jason M. Grace
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, 2026.

Division of Medicaid Services