

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
BUREAU OF STATE HEARINGS**

In the matter of:

<u>Case Number:</u>	<u>County:</u>	
5044792629	HAMILTON	
<u>Appeal:</u>	<u>Program:</u>	<u>Disposition:</u>
1314373	MED	OVERRULED
No Compliance Required		
Decision Date:	01/03/2007	
Request Date:	10/26/2006	
Hearing Officer:	PAUL STANISZEWSKI	

State Hearing Decision

ISSUE (1314373):

A prior authorization for dental services requires that the individual and the service provider establish that the requested item is medically necessary and that it conforms to the accepted standards of medical practice. On 03/15/06, the agency denied the appellant's prior authorization request for complete upper and partial lower dentures because the teeth were found to be too diseased for the requested treatment.

The preponderance of the evidence establishes that the overall health of the mouth and dentition are too diseased for a partial lower denture. Thus, the requested service is not medically necessary and it does not meet the accepted standards of medical practice.

However, the record does establish that a complete lower denture is medically necessary and that it does meet the accepted standards of medical practice. Thus, MOS correctly approved the revised prior authorization request for a complete lower denture.

Therefore, the appeal is Overruled.

PROCEDURAL MATTERS:

The State of Ohio Medical Operation Section (MOS) mailed the notice to the address of record on 03/15/06. On 10/26/06, the Bureau of State Hearings received the State Hearing request. Although the State Hearing request is untimely, the appellant's medical condition has continued to be problematic.

The hearing was scheduled and heard on 01/02/07.

The agency representatives are Shannon O'Toole and Sara Hayes.

FINDINGS OF FACT:

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1. The assistance group consisted of the forty-three (43) year-old, disabled appellant, only.
2. He received \$603 gross monthly SSI, effective 01/01/06.
3. On 03/10/06, MOS received a prior authorization requested for complete upper and partial lower dentures.
4. On 03/15/06, MOS determined that the teeth are too diseased for the requested treatment.
5. The denial notice was mailed to the appellant and his service provider on 03/15/06.
6. On 03/23/06, the service provider modified the requested treatment to complete upper and complete lower dentures.
7. He resubmitted the modified prior authorization request on 03/23/06.
8. On 03/26/06, the agency received the modified prior authorization request.
9. On 05/22/06, MOS approved the modified prior authorization request for complete upper and complete lower dentures. Notice was mailed to the appellant and his service provider.
10. On 06/05/06, the service provider created the complete upper denture and submitted a bill for the service that was rendered.
11. To date, the service provider has not created or billed for the complete lower denture.

POLICY:

Ohio Administrative Code (OAC) Section 5101:3-1-01 Medicaid: medical necessity/general principles.

(A) "Medical necessity" is the fundamental concept underlying the Medicaid program. Physicians, dentists, and limited practitioners render or authorize medical services within the scope of their licensure and based on their professional judgment of those services needed by an individual. Unless a more specific definition for a category of services is included within 5101:3 of the Administrative Code, "Medically necessary services" are services which are necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. A medically necessary service must:

- (1) Meet accepted standards of medical practice;
- (2) Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;
- (3) Be appropriate to the intensity of service and level of setting;
- (4) Provide unique, essential, and appropriate information when used for diagnostic purposes...

STATE HEARING DECISION CONTINUATION

Effective Date: 05-30-02

Ohio Admin. Code 5101:3-5-08 Dental program: covered removable Prosthodontic services and limitations.

Radiographs are submitted with the Prior Authorization request so that the Medical Technical Advisor can determine whether the overall health of the mouth and dentition meet accepted professional standards of medical necessity.

Effective Date: 10-01-03

ANALYSIS:

The appellant requested the State Hearing because he does not want to have his lower teeth removed and he does not want a complete lower denture.

On 03/10/06, MOS received an initial prior authorization requested for complete upper and partial lower dentures.

On 03/15/06, MOS reviewed the dental records and the overall health of the mouth and dentition. Based on the review, MOS determined that the teeth are too diseased for the requested treatment. Based on the determination, a denial notice was mailed to the appellant and his service provider.

On 03/23/06, the service provider modified the requested treatment to complete upper and complete lower dentures. The modified request was forwarded to MOS for a revised determination.

On 03/26/06, the agency received the modified prior authorization request.

On 05/22/06, MOS reviewed the revised prior authorization request. Based on the review, the prior authorization requests for complete upper and complete lower dentures were approved. The approval notice was mailed to the appellant and his service provider.

On 06/05/06, the service provider created the complete upper denture and submitted a bill for the service that was rendered.

To date, the service provider has not created or billed for the complete lower denture because the appellant does not want to have his lower teeth removed. He stated that the service provider was not authorized to modify the prior authorization request.

MOS determined that the teeth are too diseased for a partial lower denture. The record establishes that the service provider agreed with the MOS determination because the service provider modified and submitted a revised prior authorization request for a complete lower denture.

The preponderance of the evidence establishes that the overall health of the mouth and

STATE HEARING DECISION CONTINUATION

detention are too diseased for a partial lower denture. Thus, the requested service is not medically necessary and it does not meet the accepted standards of medical practice.

However, the record does establish that a complete lower denture is medically necessary and that it does meet the accepted standards of medical practice. Thus, MOS correctly approved the revised prior authorization request for a complete lower denture.

Therefore, the appeal is Overruled.

HEARING OFFICER'S RECOMMENDATIONS:

Issue (1314373)

The appeal should be Overruled. MOS correctly approved the revised prior authorization request for a complete lower denture.

FINAL ADMINISTRATIVE DECISION AND ORDER:

The Hearing Officer's recommendation is adopted.
Issue (1314373)

The appeal is Overruled. No orders of compliance shall be issued against the agency based on this appeal.

Hearing Authority

January 3, 2007

Notice to Appellant

This is the official report of your hearing and is to inform you of the decision and order in your case. All papers and materials introduced at the hearing or otherwise filed in the proceeding make up the hearing record. The hearing record will be maintained by the Ohio Department of Job and Family Services. If you would like a copy of the official record, please telephone the hearing supervisor at the CINCINNATI District hearing section at 1-866-635-3748.

If you believe this state hearing decision is wrong, you may request an administrative appeal by writing to: Ohio Department of Job and Family Services, Bureau of State Hearings, P.O.BOX 182825, Columbus, OH 43218-2825 or fax: (614) 728-9574. Your request should include a copy of this hearing decision and an explanation of why you think it is wrong. Your written request must be received by the Bureau of State Hearings within 15 calendar days from the date this decision is issued. (*If the 15th day falls on a weekend or holiday, this deadline is extended to the next work day.*) During the 15-day administrative appeal period you may request a free copy of the tape recording of the hearing by contacting the district hearings section.

If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free, at 1-800-589-5888, for the local number.

STATE HEARING DECISION CONTINUATION

Aviso a la Apelante

Esta es la decisión estatal administrativa de su caso. Todos los documentos y materiales presentados como prueba en la vista o de otra manera radicados componen el récord administrativo. El récord administrativo será mantenido por el Ohio Department of Job and Family Services.

Si usted cree que esta decisión estatal administrativa es errónea, usted puede solicitar una apelación administrativa escribiendo al: Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825 o facsímil (614) 728-9574. Su solicitud debe indicar por qué usted piensa que la decisión administrativa es errónea. Usted puede completar la solicitud de apelación incluida con esta decisión. Su solicitud escrita o formulario de apelación tiene que ser recibido por el Bureau of State Hearings dentro de los 15 días calendario desde la fecha en que esta decisión es expedida. (Si el 15to. día recae sobre un fin de semana o un día feriado, esta fecha límite es extendida al próximo día laborable). Durante el período de 15 días de apelación administrativa, usted o su representante pueden solicitar una copia gratuita del récord administrativo y de la grabación de la vista llamando al Bureau of State Hearings al 1-866-635-3748 (seleccione la opción 1 del menú principal).

Si usted quiere información sobre servicios legales gratuitos pero no sabe el número de su oficina local de servicios legales, usted puede llamar al Ohio State Legal Services Association, gratuitamente, al 1-800-589-5888, para el número local.

Appendix

AGENCY EXHIBITS:

- A. Appeal Summary (1 p)
- B. MOS Payment Verification (1 p)
- C. Original Denial Notice (1 p)

APPELLANT EXHIBITS:

- 1. State Hearing Request (1 p)