

STATE HEARING DECISION

ODHS 4005 (Rev. 9/94)

County GEAUGA	District Hearings Section CLEVELAND	Assistance Group Name		Assistance Group Number
Place of Hearing GEAUGA CDHS	Initial Hearing Date 02/19/2003	Rescheduled Postponed to 04/09/2003	Rescheduled Postponed to	Rescheduled Postponed to

Appellant/Representative	Appellant Representation
	Local Agency Representation Barbara Hall, MOS Dr. Harold McCaniel, MOS

Date Notice Mailed 11/05/2002	Date Received by Local Agency	Date Received by ODHS 01/30/2003	Date Appeal Summary Received 04/09/2003	Date Scheduling Notice Mailed 03/06/2003
Appeal Number(s)/Program(s) 1106265/MED				

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 CLEVELAND District hearing section at 1-800-686-1551.

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, Office of Legal Services, 30 East Broad Street, 31st Floor, Columbus, Ohio 43215-3414 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 Office of Legal Services 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.

ISSUE:

Appeal #1106265 Transitional Medicaid (MAY)

This Assistance Group (AG) is currently active on Transitional Medicaid (MAY) based on employment. The Appellant requested a prior authorization for a porcelain-to-metal crown on tooth #8. The prior authorization request was denied by the Medical Operations Section (MOS). The issue on appeal is whether the denial of the prior authorization is correct. The denial of a prior authorization for a porcelain-to-metal crown on tooth #8 is correct because minimal amount of tooth structure is missing and the cutting of healthy tooth structure for a crown is not medically necessary and does not meet accepted standards of dental practice. Therefore, the appeal is **OVERRULED**.

PROCEDURAL MATTERS:

Notice of denial of prior authorization was issued to the Appellant in 11/02; however, the specific date of denial was unknown. The Appellant disagreed with the denial and requested a state hearing on 01/30/03. A

DJV

Appeal(s) OVERRULED 1106265	Date Issued 04/10/2003	Compliance
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Distribution: Original to appellant, one copy to local agency; one copy to district Hearing section; one copy to district office; two copies to State Hearings. *(Photocopy to appellant's authorized representative, if any, and to ODHS units as appropriate.)*

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hearing notice was mailed to all parties on 02/05/03 and a state hearing was scheduled for 02/19/03. The Appellant was unable to attend and requested to be rescheduled. A new hearing notice was mailed to all parties on 03/26/03 and the state hearing was rescheduled and heard on 04/09/03. The hearing delay was due to a dental determination and the request for reschedule. An Appeal Summary was received from the Medical Operations Section (See EXHIBIT A) and from the Geauga County Department of Job and Family Services Agency (See EXHIBIT B).

FINDINGS OF FACT:

1. The Appellant's provider submitted a request for prior authorization for a porcelain-to-metal crown on tooth #8, which is a front tooth.
2. The Appellant testified that her dentist indicated she needed a crown because she has had a root canal on tooth #8 and the tooth is discoloring. However, the x-rays submitted by the provider indicated minimal amount of tooth structure missing and did not mention any tooth discoloration.
3. The Medical Technical Advisor (MTA) is a licensed dentist, who reviewed the Appellant's radiographs submitted with the prior authorization request and determined the Appellant's tooth showed minimal amount of tooth structure missing. Since there was no mention of, nor evidence presented, to indicate tooth discoloration or fragility, the Medical Technical Advisor determined the tooth can be restored with restorations.
4. A porcelain-to-metal crown is not medically necessary because the cutting of healthy tooth structure would not meet accepted standards of dental practice.

CONCLUSIONS OF POLICY:

Policy:

1. The Ohio Medicaid Provider Handbook Chapter 3335 Section D, states prior authorization is required for plastic and porcelain crowns with metal. A complete set of radiographs must be submitted with each request. The reason for submitting radiographs with the request is to allow the Medical Technical Advisor to evaluate the mouth to ascertain whether the request for a crown meets accepted professional standards of medical necessity. The Ohio Medicaid Handbook Chapter 3334, Section B, states that medical necessity is the fundamental concept underlying the Medicaid program. Medically necessary services are services which are necessary for the diagnosis or treatment of disease, illness, or injury and meet accepted standards of medical practice. A medically necessary service must be appropriate to the illness or injury for which it is performed as to type and intensity of service and setting of treatment.

Analysis:

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In accordance with the above-cited rules and the Medical Technical Advisor's evaluation of the radiographs submitted by the Appellant's provider, the Appellant's tooth showed minimal amount of tooth structure missing and the cutting of the healthy tooth structure for a porcelain-to-metal crown would not meet accepted standards of dental practice.

HEARING OFFICER'S RECOMMENDATIONS:

Appeal #1106265 should be **OVERRULED**. The denial of a prior authorization for a porcelain-to-metal crown on tooth #8 is correct.

FINAL ADMINISTRATIVE DECISION AND ORDER:

Finding the Hearing Officer's decision to be supported the evidence, the recommendation above is adopted.

EXHIBITS:

A - Appeal Summary submitted by MOS (2 pages)

B - Appeal Summary submitted by the Agency (2 pages)

Date Issued: 04/10/2003