

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

In the matter of:

<u>Case Number:</u>	<u>County:</u>	
5003141016	SUMMIT	
<u>Appeal:</u>	<u>Program:</u>	<u>Disposition:</u>
1332555	MED	SUSTAINED
Compliance Required		
Decision Date:	04/11/2007	
Request Date:	02/12/2007	
Hearing Officer:	MARY CAYE KILBANE	

State Hearing Decision

ISSUE:

Appeal # 1332555 (MEDICAID):

A prior authorization request for a partial lower denture and clasp may be denied if the request does not meet accepted standards of dental practice. The Ohio Department of Job and Family Services Bureau of Clinical Management (Agency) denied the prior authorization request for a partial lower denture and clasp because the teeth were too badly diseased. Is the denial correct? After considering testimony, evidence and applicable policy, the Hearing Officer concludes the prior authorization denial is not correct. It is therefore recommended the appeal be sustained with compliance.

PROCEDURAL MATTERS:

Notice of adverse action was issued 01/18/07. The state hearing request was received in the Bureau of State Hearings (BSH) 02/12/07, scheduled with the Bureau of Clinical Management, and heard 04/09/07 (Exhibit 1). The state hearing scheduling notice was issued to all parties 03/28/07. Lisa Miller, Bureau of Clinical Management and Debra Hull, the county hearing officer were the representatives for the Agency. Appellant represented herself at the appeal. The Appeal Summary was received 03/15/07 (See Exhibit A).

FINDINGS OF FACT:

1. The assistance group consists of a fifty-nine year old individual who is the only member of the Medicaid assistance group.
2. The Bureau of Clinical Management received the prior authorization request for a complete upper denture and partial lower denture with clasp on 01/13/07.
3. The request for the complete upper denture is pending the treatment plan for the lower arch.
4. Appellant currently has a complete upper denture which is eight years old and does not fit due to a significant weight loss.
5. The request for the lower partial denture with clasp was denied because the teeth were too diseased based on the radiograph evaluation by the Medical Technical Advisor.
6. Additionally, as dentures may only be authorized once every eight years, there was no evidence the seven remaining teeth would last eight years.

STATE HEARING DECISION CONTINUATION

7. The Agency recommended placement of a complete lower denture, which was in dispute.
8. Neither party was able to state whether the radiographs submitted to the Agency were current.
9. The Agency agreed to contact the provider requesting current radiographs and a new prior authorization request.

CONCLUSIONS OF POLICY:

Policy

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. Ohio Admin. Code 5101:3-1-01 (A) (2006)

Ohio Admin. Code § 5101:3-5-08 (A) (7) (2006) states “a denture, complete, partial or a combination thereof, cannot be replaced or remade within eight years except for very unusual circumstances.

Analysis

Appellant disagrees with the denial and argues the seven remaining lower teeth are not diseased nor does she have gum disease. Appellant does not wish to have the remaining teeth extracted and firmly believes the seven remaining teeth and the lower partial will be viable for eight years. Because neither party was able to support whether the radiographs were current and the Agency agreed to contact the provider regarding current radiographs, the Hearing Officer finds a review of the prior authorization request is in order. Moreover, the Agency did not present documentation supporting the seven remaining teeth were too diseased for the partial lower denture and clasp. Therefore, the denial is not correct.

Appellant is reminded the Ohio Admin. Code specifies complete, partial or combination dentures may only be replaced or remade every eight years except for very unusual circumstances.

HEARING OFFICER’S RECOMMENDATIONS:

Appeal # 1332555 (MEDICAID) – Based on the record before me, I find the appeal should be sustained with compliance. The Agency should be directed to review the prior authorization request in its entirety, including the current radiographs, and requesting additional documentation as necessary. Compliance will have been achieved when the prior authorization request has been review and Appellant has been notified of said determination in writing.

FINAL ADMINISTRATIVE DECISION AND ORDER:

Since I find the Hearing Officer’s decision to be supported by the evidence, the recommendations above are adopted and the appeal is sustained with compliance.

COMPLIANCE IS REQUIRED:

When a hearing decision reverses a denial of prior authorization for medical service, that unit shall approve or deny a new prior authorization using the normal prior authorization procedure. The approval/denial notification sent to the provider shall be accompanied by a copy of the hearing decision. Ohio Admin. Code § 5101:6-7-03 (F) (1) (2003)

STATE HEARING DECISION CONTINUATION

Hearing Authority

April 11, 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 CLEVELAND 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.

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.

STATE HEARING DECISION CONTINUATION

Appendix

APPELLANT EXHIBITS:

Exhibit 1: State Hearing request dated 02/12/07 (1 page)

AGENCY EXHIBITS:

Exhibit A: Bureau of Clinical Management Appeal Summary dated 03/13/07 (2 pages)