

**BEFORE THE ALASKA OFFICE OF ADMINISTRATIVE HEARINGS
ON REFERRAL BY THE COMMISSIONER OF HEALTH AND SOCIAL SERVICES**

In the Matter of:)
)
 K L. D) OAH No. 13-0465-MDS
) Agency No.
 _____)

DECISION

I. Introduction

K L. D requested pre-authorization for dental services under the Medicaid program. The Division of Health Care Services denied the request and Mr. D appealed.

A hearing was conducted on August 27, 2012. Mr. D participated, assisted by an American Sign Language interpreter. The division was represented by Shelly Boyer-Wood. Stephanie Purcell-Reynolds provided testimony on behalf of the division. Because Mr. D's request was in excess of the monetary benefit limit for the requested services, the division's decision is sustained.

II. Facts

K L. D's dental services provider requested authorization for an initial set of dentures on November 15, 2011. Authorization was provided the same day; the dentures were provided to Mr. D and on January 17, 2012, payment was made for those dentures.

In July, 2012, while at the No Name, Mr. D lost possession of his dentures. On March 6, 2013, Mr. D's dental services provider submitted a request for authorization for a replacement set of dentures. The request was denied because the applicable monetary benefit limit (\$2,300)¹ for the July 1, 2011-June 30, 2013 benefit years had already been paid.

III. Discussion

The facts in this case are not in dispute. Mr. D received an initial set of dentures and he was paid the full monetary benefit allowed for installation of dentures for the benefit years July 1, 2011-June 30, 2013. Because the full monetary benefit had been provided, the division correctly denied Mr. D's request.

By the date of the hearing a new benefit period had commenced, effective July 1, 2013. As of that date, the monetary benefit limitation was no longer applicable. However, at the hearing the division informed Mr. D that although the monetary benefit limitation was no longer in effect, there was also a coverage limitation, in that the Medicaid plan provides coverage for

¹ See 7 AAC 110.145(b), (c).

only one replacement set of dentures in a five year period.² The division's position, as expressed at the hearing, was that even though the monetary limitation was no longer in effect, the coverage limitation would apply.

As noted above, Mr. D received an initial set of dentures in 2012. Whether the coverage limitation noted by the division is applicable to the first replacement set of dentures that Mr. D has requested is a question outside the scope of this proceeding, because the decision that the division issued was limited to Mr. D's request for coverage during the benefit years ending on June 30, 2013. Should Mr. D request coverage for a first replacement set of dentures in the benefit years beginning July 1, 2013, the applicability of the coverage limitation will be at issue for initial determination by the division.

IV. Conclusion

The division correctly determined that the monetary benefit limitation applied to Mr. D's request for authorization during the prior benefit years ending on July 1, 2013. With the start of a new benefit year, a new monetary benefit limitation will apply. Whether the coverage limitation to one replacement denture every five years is applicable to Mr. D's first replacement denture is not at issue in the present case.

DATED October 3, 2013.

By: Signed _____
Andrew M. Hemenway
Administrative Law Judge

Adoption

The undersigned by delegation from the Commissioner of Health and Social Services, adopts this decision as final under the authority of AS 44.64.060(e)(1).

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with AS 44.62.560 and Alaska R. App. P. 602(a)(2) within 30 days after the date of this decision.

DATED this 21st day of October, 2013.

By: Signed _____
Signature
Andrew M. Hemenway _____
Name
Administrative Law Judge _____
Title

[This document has been modified to conform to the technical standards for publication.]

² See 7 AAC 110.145(b)(6).