

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

In the Matter of	)	
	)	
L T	)	OAH No. 19-0104-MDX
<hr style="width: 80%; margin-left: 0;"/>	)	Agency No.

**DECISION**

**I. Introduction**

L T receives Medicaid benefits. Her dental provider requested authorization for an upper and lower denture replacement for Ms. T. The Division of Healthcare Services denied the request because the program had paid for dentures for Ms. T within the past five years. Ms. T appeals.

Because the Division’s regulation only allows authorization for dentures once in a five-year period, the Division’s denial is affirmed.

**II. Facts**

The Medicaid program paid for a set of dentures for Ms. T on May 25, 2016.<sup>1</sup> Those dentures do not fit properly and are causing Ms. T pain.<sup>2</sup> Specifically, the dentures are too big and pop out of her mouth despite adhesives.<sup>3</sup> She cannot open her mouth wide enough for food.<sup>4</sup> She is unable to speak or eat with the dentures, and as a result, she is limited to soft foods.<sup>5</sup> Ms. T has lost about 20 pounds since she got the dentures.<sup>6</sup>

Ms. T returned to the Business A Dental Center for multiple adjustments, and the dental center sent the dentures to the lab to be relined.<sup>7</sup> Unfortunately, none of the adjustments or relinement improved the fit.<sup>8</sup> Ms. T’s new dentist at Business B Services, Inc., Dr. M D performed a “hard lab reline” of the dentures to try to improve the fit.<sup>9</sup> Although the reline improved the fit of the upper denture to some extent, Ms. T is still

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<sup>1</sup> Exhibit F at 5.  
<sup>2</sup> Ex. C at 2; Testimony of T.  
<sup>3</sup> Ex. C at 2; Testimony of T.  
<sup>4</sup> Ex. C at 2; Testimony of T.  
<sup>5</sup> Ex. C at 2; Testimony of T.  
<sup>6</sup> Ex. C at 2; Testimony of T.  
<sup>7</sup> Ex. C at 2.  
<sup>8</sup> Ex. C at 2; Testimony of T.  
<sup>9</sup> Ex. C at 2.

unable to use the lower denture.<sup>10</sup> Dr. D concluded “that there are several problems with her current set of dentures that can only be addressed by making a new set.”<sup>11</sup>

On October 11, 2018, Dr. D requested authorization from the Medicaid program for a new set of upper and lower dentures for Ms. T.<sup>12</sup> The Division denied the request.<sup>13</sup> Ms. T requested a fair hearing.<sup>14</sup>

A telephonic hearing was held on March 5, 2019. Ms. T represented herself. Division Hearing Representative Laura Baldwin represented the Division.

### **III. Discussion**

Ms. T does not contest that her current dentures are less than five years old. She, instead, argues that the Division should approve the request for new dentures because they are medically necessary.

The Medicaid program requires a showing of medical necessity before it will pay for services.<sup>15</sup> Ms. T’s dentist has explained the medical necessity of the dentures, and the Division did not really dispute the medical necessity. However, the regulations governing the Medicaid program limit the types of dental services the program will pay for regardless of medical necessity. Specifically, the Medicaid regulations provide that the department will pay for replacement of complete or partial dentures “only once per five calendar years.”<sup>16</sup> Accordingly, whether the Division can pay for new dentures for Ms. T depends not only on whether the dentures are medically necessary, but also on when the Division last paid for dentures for Ms. T.

Medicaid paid for Ms. T’s current dentures on May 25, 2016. The five-year period for replacement will not run until 2021. Therefore, Ms. T was not eligible for Medicaid coverage of replacement dentures on October 11, 2018, when her dentist requested authorization.

The Medicaid regulation on coverage for dentures does not provide an exception to the five-year rule. No other regulation or statute allows for an exception. Because 7 AAC

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<sup>10</sup> Ex. C at 2.

<sup>11</sup> Ex. C at 2.

<sup>12</sup> Ex. E.

<sup>13</sup> Ex. D.

<sup>14</sup> Ex. C.

<sup>15</sup> 7 AAC 105.100(5).

<sup>16</sup> 7 AAC 110.145(b)(6).

110.145 is a binding rule that sets a strict standard for when new dentures may be covered, and because the Division's denial of the request by Mat-Su Health Services, Inc. is consistent with the five-year coverage limitation, the Division's denial is affirmed.

**IV. Conclusion**

The Division's November 8, 2018 denial of Business B Services request for authorization for new dentures for Ms. T is affirmed.

Dated: March 8, 2019

*Signed* \_\_\_\_\_  
Jessica Leeah  
Administrative Law Judge

**Adoption**

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

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

DATED this 22<sup>nd</sup> day of March, 2019.

By: *Signed* \_\_\_\_\_  
Name: Jessica L. Leeah  
Title: Administrative Law Judge

[This document has been modified to conform to the technical standards for publication. Names may have been changed to protect privacy.]