

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

In the Matter of)
)
B G) OAH No. 19-0071-MDX
) Agency No.
_____)

DECISION

I. Introduction

B G is an adult who receives Medicaid benefits. She requested that Medicaid pay for dental treatment she received in November of 2018. That request was denied because the Medicaid program had already paid the maximum available, \$1,150, for Ms. G’s dental care in fiscal year 2019. Ms. G requested a hearing to challenge the denial.

Ms. G’s hearing was held on March 11 and 29, 2019. Ms. G represented herself and testified on her own behalf. The Division of Health Care Services (Division) was represented by Laura Baldwin. Ms. Baldwin and Alice McDowell, a dental benefits specialist with Conduent, both testified for the Division.

The evidence shows that the Medicaid program had already paid the maximum allowable for Ms. G’s dental care in fiscal year 2019, and that the procedures requested for Ms. G did not fit within an exception to that payment cap. As a result, the denial of Ms. G’s request for Medicaid coverage for November 2018 dental care is **AFFIRMED**.

II. Facts

Ms. G is a Medicaid recipient who was over the age of 21 at all relevant times. On November 13, 2018, her dentist submitted a request to the Division for prior authorization of two dental procedures, lateral exostosis, procedure code D7471, on the upper left and the upper right. The date of service was November 14, 2018.¹ Ms. G provided pictures showing a bony outcroppings/growth on both sides on the upper part of her mouth.² She testified that the growth caused her pain and affected her ability to eat and to speak.³

The dental notes from August 22, 2018 provide that Ms. G was “considering removal of her bilateral, maxillary buccal exostosis and bilateral mandibular tori as these bony outcrops can be a source of irritation while eating”, and that “the [patient] indicates she abrades the Exostosis

¹ Ex. E, p. 1.
² Ex. C, p. 2.
³ Ms. G’s testimony.

with food and that they trap food.”⁴ The exam notes also provide that there was no “indication of abrasion” and that there was “[n]o evidence of Chronic trauma.”⁵ Ms. G’s dentist counseled against the removal of the exostosis, stating:

I again strongly discouraged proceeding with this operation as it may cause damage to teeth resulting in need for endodontic therapy or extraction of teeth. There is also the distinct possibility of periodontal bony defects / Gingival recession resulting in poor esthetics which cannot be corrected. This operation places the lingual nerve at risk bilaterally.⁶

Prior to the procedure being conducted, Ms. G’s dentist advised her that the procedure was being done prior to the authorization request being submitted to Medicaid, and that she was responsible for any uncovered fees.⁷

The Medicaid program denied prior authorization for Ms. G’s dental procedure. The reason for the denial was that the Medicaid program had already paid the maximum allowed for Ms. G’s dental care in fiscal year 2019. Ms. McDowell testified that the procedure that was billed for was the type that was subject to the financial limits.⁸ Ms. G did not dispute that the Medicaid program had already paid the maximum available.

III. Discussion

The Medicaid program will pay for dental treatment for adults. However, it will not pay more than \$1,150 for dental services per recipient per fiscal year, unless the recipient fits within a specified exception.⁹ The available exceptions are very limited. They are for “the immediate relief of pain or acute infection” excluding periodontal surgery, or for some denture related services.¹⁰

It is undisputed that Ms. G had already met the financial limit for Medicaid dental services in fiscal year 2019. The only potential exemption to the limit that she potentially falls under is the one for “the immediate relief of pain or acute infection.” There was no evidence of infection. Regarding the immediate relief of pain, the dental evidence showed a complaint about some irritation, but no acute pain that required immediate relief. Indeed, the dental advice was that the procedure was ill-advised, and the dental exam notes indicated no signs of abrasion or

⁴ Ex. 1, p. 6.

⁵ Ex. 1, pp. 2, 6.

⁶ Ex. 1, p. 4.

⁷ Ex. G, pp. 2 – 3.

⁸ Ms. McDowell’s testimony; Ex. D, p. 1; Ex. F

⁹ AS 47.07.067(a)(1); 7 AAC 110.145(b).

¹⁰ 7 AAC 110.145(a), (b)(5), (c), and (d)(7).

chronic irritation. This supports a finding that the procedure was not necessary to provide “the immediate relief of pain,” inasmuch as the type of pain requiring immediate relief would presumably be documented by the dentist as such, and not result in a recommendation against the procedure.

The weight of the evidence therefore shows that it is more likely true than not true that the procedure was not necessary for the immediate relief of pain. This means that Ms. G, who had the burden of proof to establish that Medicaid should cover the procedure, did not meet her burden. As a result, Medicaid does not provide coverage for Ms. G’s requested procedure.

IV. Conclusion

The Division’s denial of Ms. G’s request for Medicaid coverage for dental procedures D7471 Lateral Exostosis is AFFIRMED.

DATED this 10th day of May, 2019.

Signed

Lawrence A. Pederson
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 24th day of May, 2019.

By: *Signed*

Name: Lawrence A. Pederson
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.]