

STATE OF VERMONT
HUMAN SERVICES BOARD

In re) Fair Hearing No. 10,379
)
Appeal of)

INTRODUCTION

The petitioner appeals the decision by the Department of Social Welfare denying her coverage under Medicaid for dentures. The issue is whether dentures are a covered medical service under the pertinent regulations.

FINDINGS OF FACT

The petitioner's situation is best detailed in the following letter from her dentist (a D.D.S.), dated September 16, 1991:¹

This letter is a synopsis of the dental findings for [petitioner], who has been a patient in this office since March of 1991.

[Petitioner] initially presented to our office for evaluation and treatment of a sore spot under her maxillary denture, at this time the following history was given. [Petitioner] was presently being treated for depression and anorexia nervosa, an eating disorder in which patients self induce vomiting. This apparently had led to the need for extraction of all of [petitioner's] teeth about 4 years ago, due to the acid erosion which is caused by the frequent vomiting. Her present denture was placed around this time and had been relined with an in office temporary liner several times. [Petitioner] also stated that she had had surgery on her jaw joint in 1987 due to a chronic problem in this area. Other unrelated medical history included exposure to and treatment for tuberculosis, chronic kidney infections and a hysterectomy performed in 1987.

Upon examining [petitioner], I found a poorly fitting upper denture, with no existing lower denture. Her

upper ridge which is where the denture sits has shrunk considerably since initial placement allowing space to develop between the gums and the plate, this area allows food, bacteria and fungus to be trapped in close contact to the gum tissue. The tissue underneath had become very red and swollen with areas of hyperplasia, which are small finger like projections that start to grow out of the gum tissue. This hyperplasia allows even more debris and microorganisms to become trapped under the denture. [Petitioner] also showed inadequate oral hygiene and was leaving her upper denture in around the clock, probably due to embarrassment caused by her lack of teeth at an especially young age.

My overall impression of [petitioner's] oral health is that she will require a change in habits and personal hygiene, however, this alone will not rectify her unhealthy mouth. Treatment is initiated by placing a temporary soft relining material in [petitioner's] present denture, this will remove the space I spoke of earlier, decrease the instability or rocking of the plate. With this done and [petitioner] conscientiously removing her denture at night and practicing good oral hygiene, we can expect a reduction in the superficial swelling and redness, however, this will not reverse the hyperplasia I have mentioned. Once the inflammation reaches a level where finger like projections occur, reversal can only be achieved surgically. Once this surgery has been completed, maintenance of healthy tissue can only be achieved by an adequate fitting denture which adapts accurately to the gums or by wearing no denture at all.

I had mentioned earlier the [petitioner] had undergone jaw joint surgery in 1987, and is presently being treated for anorexia. Apart from the conventional principles of dentistry which state that matching upper and lower dentures are the correct and indicated treatment for patients without natural teeth, these facts from [petitioner's] medical and surgical history and two compelling indications.

The lack of opposing teeth allows the upper and lower jaws to be closed down further than is appropriate for the muscles, the muscles become very tight and put pressure on the ligaments around the joint and create pain and deterioration of the joint. Placing upper and lower dentures will allow the jaws to maintain their proper distance and keeping their associated muscles healthy.

In conclusion there is no doubt in my mind that properly fitted upper and lower dentures along with the prescribed surgery will eliminate [petitioner's]

unhealthy oral condition, increase her ability to comfortably chew and benefit. In all fairness, I must admit that the overall medical and psychological ramifications would be best addressed by [petitioner's] physician, as my expertise is limited to the oral cavity and surrounding structures.

Based on the above, it is found that the dentures prescribed for the petitioner are medically necessary not only as a rehabilitative dental service but also as on going treatment for "temporomandibular joint dysfunction" (T.M.J.).

ORDER

The Department's decision is reversed.

REASONS

As a rule, for individuals over the age of 21, dentures are not a covered "dental service". Medicaid Manual (M.M.) § M 621. However, M.M. § M 619.1 provides as follows:

Temporomandibular Joint Dysfunction Therapy

Treatment for temporomandibular joint dysfunction is a covered medical service for recipients of any age. Reimbursement will be made to enrolled providers (M.D., D.M.D., or D.D.S.).

The above letter from the petitioner's dentist makes clear that the petitioner, among her many severe medical conditions, has a history of problems (including surgery) with her "jaw joint". Dentures are clearly necessary for her to avoid "pain and deterioration of the joint". It is, thus, concluded that for the petitioner dentures meet the criteria set forth in M.M. § M 619.1, supra, as "treatment for temporomandibular joint dysfunction". Nothing in the regulations excludes dentures from coverage under § M 619.1

or requires that the primary reason for dentures be the treatment T.M.J. Therefore, the Department's decision is reversed.

FOOTNOTES

¹This letter was sent to the hearing officer after the hearing and was not available to the Department at the time of its initial decision in this matter.

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