

STATE OF VERMONT  
HUMAN SERVICES BOARD

In re ) Fair Hearing No. 11,207  
 )  
Appeal of )

INTRODUCTION

The petitioner appeals the decision by the Department of Social Welfare denying her Medicaid coverage for dentures. The issue is whether dentures for the petitioner constitute treatment for temporomandibular joint syndrome (T.M.J.) within the meaning of the pertinent regulations.

FINDINGS OF FACT

The petitioner is a sixty-seven-year-old woman with a history of dental problems. The following letter from the petitioner's oral surgeon (D.D.S.) dated March 24, 1992, describes the petitioner's present condition:

The above-mentioned patient was treated in our office on 2-20-92 at which time she underwent the extraction of her remaining maxillary and mandibular dentition. The patient has been seen several times for follow-up and appears to healing well but she is complaining of significant myofacial pain secondary to overclosure of her joint mechanism. This is directly related to the lack of a proper vertical dimension which had been achieved with her natural dentition prior to the extractions and now will need to be provided by full denture prostheses. [Petitioner] needs denture rehabilitation for functional considerations as well as to help eliminate myofacial pain dysfunction which is a direct result of her lack of natural dentition. Thank you for your consideration of this matter.

On a form "Certificate of Medical Necessity for Full Denture Prostheses"<sup>1</sup> dated May 11, 1992 the oral surgeon

noted that the "medical necessity" for a "full upper and lower denture prosthesis" was to "reduce or eliminate tendency to T.M.J. disturbance and functional impairment."

The record also contains the following letter from the petitioner's regular treating physician dated May 15, 1992:

[Petitioner] has been experiencing right facial pain symptoms which are entirely consistent with a temporomandibular joint syndrome (TMJ syndrome), which would not be an unusual condition following her full mouth dental extraction. Proper TMJ alignment would be assisted by dentures, which at this time she does not have. Since her dental extractions, she has lost approximately nine pounds, and there is concern about her ability to maintain satisfactory nutritional status if she does not have adequate chewing ability, therefore dentures. Her medical condition is stable at this time, but nutritional deficits could easily change that situation.

It is my opinion that dentures are medically necessary for [petitioner] for the reasons discussed above. Please feel free to be in touch with me if there are further questions about this matter.

Based on the above, it is found that dentures for the petitioner are integral and necessary for treatment of T.M.J.

ORDER

The Department's decision is reversed.

REASONS

There is a provision in the "dental services" portion of the regulations that dentures as a "rehabilitative, cosmetic, or elective procedure" are not covered under Medicaid. Medicaid Manual § M 621. However, under the "physician services" section of the regulations, MM § 610 ET. SEQ., appears the following:

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 board has held that when, as here, an individual can establish through medical evidence that dentures are integral and necessary for the treatment of T.M.J., Medicaid coverage is clearly provided under § M 619.1, supra.<sup>2</sup> See Fair Hearing No. 10,379.

For this reason, the Department's decision is reversed.

FOOTNOTES

<sup>1</sup>It is unknown whether this is a Department form.

<sup>2</sup>It would be wasteful and irrational to deny coverage for dentures under § M 619.1, but provide seemingly-open-ended coverage for other treatment of T.M.J. when (as it appears here) dentures can at the outset reduce or eliminate the need for these other services.

# # #