

2. At the time of the Board's decision, the only evidence relating to the petitioner's medical need for periodontal services was the following letter from the physician who is treating her for scleroderma, a condition which causes areas of skin to harden:

(Petitioner's) scleroderma can affect the mouth and gums. Scleroderma can cause fibrosis of salivary glands, leading to reduced saliva production, which can then lead to increased periodontal care.

3. As part of a subsequent application for GA, the petitioner submitted the following undated letter from her dentist, apparently addressed to her doctor:

Explanation of Plan of Therapy

[Name], [petitioner] presents with generalized very advanced chronic periodontitis. There are mucogingival problems and bone loss ranges between 50 and 80%. The long-term prognosis for her dentition is guarded and her resistance to periodontal disease is susceptible. Individually teeth #s 1 and 5 are not treatable due to bone loss and tooth mobility. A very guarded prognosis is seen on teeth #s 7, 8 and 23-29 for similar reasons and a guarded prognosis is seen on tooth #30 due to a furcation involvement.

I discussed the above plan of therapy with [petitioner] on the 4th of November. I explained the etiology of periodontal disease and that in order to maintain the dentition for as long as possible meticulous hygiene therapy will be needed. To this end we will begin our treatment with a thorough review of oral hygiene techniques as well as scaling and root planning. I will plan to do a re-evaluation for [petitioner] after she has achieved an excellent level of home care over a period of time and we have completed the scaling and

root planning. At that appointment we can discuss implant therapy and the need for gingival grafts.

In the meantime I would appreciate it if you would discuss additional therapy with her. [Petitioner] indicated the possibility of having implants placed. [Petitioner] indicated that replacing teeth #s 19 and 31 would be good. It would be helpful if you would establish a prosthetic plan for her, and then I can discuss the placement of the implants in order to achieve the goals of the plan. In addition, if tooth #7 is to be retained the radiographs that you sent to me taken in September show periapical radiolucency. I am not sure that either teeth #s 7 or 8 are restorable, however, I would appreciate your opinion. We will need a CT scan to determine the bone volume for the implants.

I felt that [petitioner] had a good understanding as to the plan and purpose of her treatment and she has scheduled the hygiene therapy to begin on the 23rd of December.

I welcome your thoughts and suggestions regarding [petitioner's] treatment and should either you or she have additional questions, please do not hesitate to contact me. I am looking forward to further discussing [petitioner's] therapy with you following the formulation of a prosthetic plan.

4. The most recent statement from the petitioner's dentist is the following, dated March 17, 2005:

[Petitioner] presents with generalized, very advanced chronic periodontitis. The periodontal disease is the reason for [petitioner's] bleeding and chronic infection of the gingival tissues. There are mucogingival problems and bone loss of 50%-80% related to the chronic infection and bleeding of the gingival tissues. The long-term prognosis for her dentition is guarded and her resistance to periodontal disease is susceptible. Teeth #s 1 and 5 are not treatable due to bone loss and tooth mobility.

I explained the etiology of periodontal disease and that in order to maintain the dentition for as long as possible, meticulous hygiene therapy will be needed. To this end, we will begin our treatment with a thorough review of oral hygiene techniques as well as scaling and root planing. I will plan to do a re-evaluation for [petitioner] after she has achieved an excellent level of home care over a period of time and we have completed the scaling and root planning.

Please advise me if there is any further information you need or to discuss the therapy regarding [petitioner's] treatment.

5. Based on the above, it is found that the petitioner's dental condition causes her chronic infection and bleeding.

ORDER

The Department's decision is reversed. The matter is remanded to the Department to immediately contact the petitioner's dentist to determine the type and amount of dental services medically necessary to relieve the petitioner's pain, bleeding and infection. The Department shall then, within two weeks, inform the petitioner and the Board of any subsequent decision based on its contact with the petitioner's dentist.

REASONS

As the Board also noted in Fair Hearing No. 19,351, under the GA regulations, certain dental services are

covered, but only on an *emergency* basis to "relieve pain, bleeding, and infection". W.A.M. § 2602.3C. Section 2622 specifies the following limitations of dental coverage:

- examinations;
- diagnostic radiographs of the symptomatic area;
- sedative fillings;
- therapeutic pulpotomy;
- extraction of infected and symptomatic teeth;
- incision and drainage of abscess; and
- minor procedures for the emergency palliative treatment of dental pain

No payment shall be made for replacement of missing teeth or dentures.

As noted above, the petitioner has submitted credible medical evidence that she suffers from bleeding and infection due to her chronic periodontitis. Thus, she clearly meets the initial test of GA eligibility.¹ The petitioner's dentist has recommended an initial course of treatment consisting of "scaling and root planing". The matter is remanded to the Department to immediately consult with the petitioner's dentist to determine if these procedures are the only "emergency palliative treatment" available to relieve the petitioner's bleeding and infection. The Department shall inform the Board and the petitioner of its decision

¹ The regulations do not distinguish between "chronic" and "acute" pain, bleeding, and infection.

within two weeks. If GA coverage for her treatment is denied, the matter shall be reset for hearing.

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