

information regarding the medical necessity of the procedure in question.

ORDER

The Department's decision is affirmed.

REASONS

"Dental services" for persons 21 and over are defined in state and federal regulations as "preventive, diagnostic, or corrective procedures involving the oral cavity and teeth". W.A.M. § M621. Specifically excluded under "non-covered services" are "processed or cast crowns and bridges". § 621.6. The regulation allows that requests for coverage of an excluded service can be submitted for review under § M108, but a prerequisite for such review is a statement from the prescribing provider that the service constitutes a medical necessity. Unfortunately, in this case the petitioner reports that her dentist will not support her request in this regard.¹ Therefore, inasmuch as the Department's decision is

¹ The petitioner was advised she could reapply for Medicaid coverage if and when this, or any other dentist, would provide support for the medical necessity of the service.

clearly in accord with its regulations, it must be affirmed.

3 V.S.A. § 3091(d), Fair Hearing Rule No. 17.

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