

complete denture for at least two years and other oral surgical corrections have been unsuccessful in improving the retention of the denture. Ibid.

Petitioner requested authorization for the following dental procedures: D0470 – diagnostic casts, D6010/3/8/14/19/24/30 – surgical placement of Implant Body: Endosteal Implant. R-2. On October 10, 2024, Horizon denied Petitioner's request. R-1. In its denial, Horizon explained that the services Petitioner sought were not covered under the plan, lacked medical necessity as the information submitted by the dentist was insufficient to demonstrate the necessity of the requested service, and that implants were only allowed under specific circumstances such as having a facial anomaly, deformity or being edentulous with a history of inability to function with complete dentures for at least two years. Ibid.

Petitioner contacted Horizon to appeal the denial of services and an external appeal was conducted by Maximus, which upheld Horizon's decision. (R-2). The applicable section of the Maximus report states:

The Maximus prosthodontist consulted explained that a panoramic radiograph for the member from 1/24/24, reveals that she is completely edentulous with dental implants at sites 6, 11, 22, and 27. The prosthodontist consulted noted that the treatment of the edentulous mandible and maxilla with implant assisted overdentures is a well-accepted treatment with long-term successful outcomes for prostheses and implants. The prosthodontist consulted also noted that treatment records from 2/26/24, indicate that the member wanted fixed implant supported prostheses rather than a removable implant overdenture and additional dental implant treatment was planned.

...

The Maximus prosthodontist consultant explained that radiographs for the member show appropriately positioned implants and adequate bone quantity in the maxilla/mandible for the fabrication of implant overdentures. The prosthodontist consulted noted that placement of additional dental implants for a fixed prosthesis is not needed, and an implant overdenture is within the standard of care. The prosthodontist consultant also noted that the member does not have a debilitating dental condition that would prevent daily function or cause bodily damage and she does not have an illness, injury, or disability, which would be exacerbated by denial of the requested services or jeopardize her health. The prosthodontist consultant indicated

that the requested service is not medically necessary for treatment of the members condition.
(R-2).

Petitioner requested a fair hearing on November 26, 2024, and the matter was transmitted to the Office of Administrative Law on December 24, 2024. ID at 2. The fair hearing was held on October 29, 2025. Ibid.

During the fair hearing, Petitioner presented letters from two doctors to support her position. First was a letter purportedly from Ali Farhat, DDS, dated June 16, 2025. (P-1). Dr. Farhat is a second-year prosthodontic resident with advanced training in the diagnosis and management of complex oral rehabilitation cases, including full-mouth implant-supported restorations. Ibid. Dr. Farhat wrote that Petitioner had been under his care for comprehensive prosthodontic evaluation and treatment at Rutgers School of Dental Medicine. Ibid. The applicable section of the letter states:

[Petitioner] has been completely edentulous for over two years and has undergone multiple failed attempts at wearing removable prostheses, including locator-retained overdentures. These past treatments were unsuccessful due to poor retention, compromised comfort, and excessive vertical dimension of occlusion. Clinical records and examinations also reveal that she presents with severe temporomandibular joint (TMJ) dysfunction and anatomical limitations-most notably a lack of adequate prosthetic space-making the use of removable dentures untenable from both a functional and anatomical standpoint.

It is important to emphasize that the failure of the removable prostheses is not a matter of this patient's personal preference. The patient has experienced functional limitations with previous prostheses, including pain while chewing, impaired speech, and difficulty maintaining adequate retention, all of which are clinically supported by intraoral and radiographic findings. These limitations directly interfere with her ability to eat, speak, and engage socially, further exacerbating her TMJ dysfunction and overall quality of life.

(P-1).

In conclusion, Dr. Farhat wrote that he strongly recommended fixed maxillary and mandibular implant-supported complete dentures as the only viable treatment to restore function and prevent further deterioration of Petitioner's condition. Ibid.

The second letter, dated March 19, 2025, is purportedly authored by Dr. Gary Heir, also of Rutgers School of Dental Medicine. (P-3). Dr. Heir indicates that the profile of Petitioner is shifted to the right and that her face is dropping. Ibid. He also states that in the panoramic Xray, the implants are not parallel. Ibid. Dr. Heir diagnoses Petitioner with TMJ arthralgia of the right and left side and with myalgia of the masticatory and cervical muscles bilaterally. Ibid. Under treatment plan, he lists orthotic appliance with maxillary and mandibular arches to provide support to Petitioner's jaws and help alleviate muscle pain. Ibid. The letter does not indicate whether Dr. Heir has ever treated Petitioner.

Horizon submitted an undated letter purportedly from Steven Morgano, DMD. (R-10). Dr. Morgano is a professor and the chairman of the Department of Restorative Dentistry at the Rutgers School of Dental Medicine and the director of the Advanced Specialty Education Program in Prosthodontics. Ibid. In this letter, Dr. Morgano acknowledges to not treating Petitioner, but goes on to state that on October 4, 2024, Petitioner was seen in the Postgraduate Prosthodontic clinic where the supervising faculty member concluded that Petitioner was unable to wear her overdentures because the vertical dimension of occlusion was excessive. Ibid. Dr. Morgano clarified that this means that the artificial teeth are too tall, resulting in chronic excessive separation of the jaws. Ibid. Dr. Morgano stated that after reviewing the panoramic radiograph, that it appears Petitioner has excessive residual bone, restricting the available clearance for artificial teeth and that it is likely that placement of overdentures with physiologic vertical dimension of occlusion would require removal of the existing implants and some amount of bone reduction. Ibid. Dr. Morgano then went on to disagree with Dr. Farhat's conclusion that fixed maxillary and mandibular implant-supported complete dentures were the only viable treatment option. Ibid. Dr. Morgano wrote that Petitioner's primary problem is excessive vertical dimension of occlusion, a problem that cannot be resolved

without bone reduction to provide clearance for artificial teeth. Ibid. In conclusion, Dr. Morgano states that there are several options, including conventional complete dentures, implant-supported overdentures, and implant-supported fixed complete dentures, and that whatever treatment option is chosen, some amount of bone reduction would be required. Ibid.

Only one doctor appeared at the fair hearing. Dr. Sam Wakim appeared for Horizon and was admitted as an expert in general dentistry and New Jersey Medicaid dental claims. ID at 3. There is nothing in the record indicating Dr. Wakim treated Petitioner. Dr. Wakim testified that Petitioner would need surgery to make room for any treatment. ID at 3.

Petitioner also testified at the fair hearing and stated that she did not wear the conventional overdentures because there was not sufficient room in her mouth. ID at 3. Regarding that issue, in the Initial Decision, the Administrative Law Judge (ALJ) pointed out that the Rutgers treatment notes stated that “the patient does not want to use the conventional upper denture.” Ibid. The ALJ went on to state that the clinical notes from February 9, 2023, stated that Petitioner “was given overdentures, very retentive, she knows how to take them off and on. She does not like how they look despite understanding for years she will have excessive gingival display.” Ibid.

In conclusion, the ALJ held that there is no dispute that Petitioner failed to wear the dentures provided to her for two years prior to the request for the dental implants and that Petitioner does not have a facial anomaly or deformity. ID at 4. Therefore, the Initial Decision states that Horizon correctly determined that Petitioner was not eligible to receive the dental implants. Ibid. I agree.

As previously stated, these requests will be denied unless Petitioner demonstrates that they have a facial anomaly, deformity or that they been unable to function with a

complete denture for at least two years and other surgical corrections have been unsuccessful in improving the retention of the denture. While the doctor letters submitted by Petitioner highlight the difficulties Petitioner has had with her dentures over the last few years, they are not sufficient, without additional evidence, to meet the burden required by N.J.A.C. 10:56-2.13(c)(1). Importantly, the expert testimony of Dr. Wakim during the fair hearing, supported by the letter of Dr. Morgano, established that Petitioner was not eligible to receive the dental implants and that Petitioner would need surgery to make room for any treatment.

While I am sympathetic to Petitioner's condition, Horizon's denial of dental implants was correct under N.J.A.C. 10:56-2.13(c)(1).

Thus, I hereby ADOPT the Initial Decision.

THEREFORE, it is on this 5th day of FEBRUARY, 2026,

ORDERED:

That the Initial Decision is hereby ADOPTED.



Gregory Woods, Assistant Commissioner
Division of Medical Assistance and Health Services