

**STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

████████████████████

Appellant

_____ /

**Docket No. 2010-15577 PA
Case No. ██████████**

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████ ██████████ ██████████ ██████████ appeared on her own behalf. ██████████ ██████████, Appeals Review Officer, represented the Department. ██████████ ██████████, Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny the Appellant's request for prior authorization for a full upper and partial lower denture?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. The Appellant is a Medicaid beneficiary.
2. On ██████████ the Department received a faxed prior authorization requesting reprocessing of an upper complete denture and a lower partial denture from the Appellant's dentist. (Exhibit 1, page 5 and Testimony)
3. Effective July 1, 2009, Executive Order 2009-22 limited the coverage for dental services for beneficiaries age 21 and older to a few specified emergent/urgent services for the relief of pain and or infection. However, prior authorization requests received on or before ██████████, would be processed. (Medicaid Provider Manual, Dental Section, January 1, 2010, page i)

4. On ██████████, the Department denied the Appellant's ██████████, prior authorization request because the required x-rays were not enclosed. (Exhibit 1, page 5)
5. On ██████████, the Department sent the Appellant a Notification of Denial. (Exhibit 1, page 4)
6. On ██████████, the Department received the Appellant's Request for a hearing. (Exhibit 1, page 3)

CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

1.10 PRIOR AUTHORIZATION

Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of PA is to review the medical need for certain services.

*MDCH Medicaid Provider Manual, Practitioner
Section, October 1, 2009, page 4.*

The issue in this case is whether the Department properly denied the Appellant's request for prior authorization. The *MDCH Medicaid Provider Manual, Dental Section, January 1, 2010, page i*, outlines the changes to the dental program due to Executive Order 2009-22:

DENTAL

As required by Executive Order 2009-22, effective for dates of service on and after 07/01/2009, coverage of dental services for beneficiaries age 21 and older is limited to the following emergent/urgent services for the relief of pain and/or infection.

Procedure Code Short Description
D0140 Limited oral evaluation-problem focused
D0220 Intraoral, periapical, first film
D0230 Intraoral, periapical, each additional film
D7140 Extraction, erupted tooth or exposed root
D7210 Extraction of tooth, erupted
D7220 Extraction of tooth, soft tissue impaction

D7230 Extraction of tooth, partial bony impaction
D7240 Extraction of tooth, complete bony impaction
D7260 Oroantral fistula closure
D7261 Primary closure of a sinus perforation
D7510 Incision and Drainage (intraoral soft tissue)
D9999 Unspecified, adjunctive procedure, by report

Only these services are covered for beneficiaries age 21 and older (including nursing facility residents) unless a beneficiary has a prior authorization on file on or before 06/30/2009. Only prior authorization requests received on or before 06/30/09 will be processed. (per bulletin MSA 09-28)

The Appellant's prior authorization request for a full upper denture and partial lower denture was submitted on ██████████. (Exhibit 1, page 5 and Testimony) The Department reviewed the Appellant's request on ██████████. The Department Analyst testified that the request was denied because the required x-rays were not submitted for review.

The radiograph submission requirements for complete and partial denture requests can be found in the Dental section of the Medicaid Provider Manual:

6.1.F.5 RADIOGRAPH SUBMISSION REQUIREMENTS FOR PRIOR AUTHORIZATION

In some cases, pre-op radiographs are necessary to document the presence and/or absence of teeth, related tooth structure, or related chronic pathology within the alveolar process(es).

A full mouth radiograph series must be submitted with PA requests for complete dentures in cases where beneficiaries are receiving their first denture. A full mouth radiograph series is optional for PA requests for replacement of existing complete dentures (i.e. the beneficiary is edentulous, has worn dentures for years, and needs replacement dentures). In this case, the dentist may submit radiographs if they deem them necessary in the evaluation of the beneficiary's oral condition.

A full mouth radiograph series must be submitted with all PA requests for partial dentures.

*MDCH Medicaid Provider Manual,
Dental Section 6.1.F.5,
October 1, 2010, page 12.*

The Billing & Reimbursement for Dental Providers section of the Medicaid Provider Manual also address the submission of x-rays with the prior authorization request:

**SECTION 2 – GENERAL INFORMATION/PRIOR AUTHORIZATION
[CHANGE MADE 4/1/09]**

The Dental Prior Approval Request Authorization (PA) Request (MSA-1680-B) is a form designed to obtain authorization for those services that require PA, as indicated in the Dental Chapter and the MDCH Dental Database (**revised 4/1/09**) on the MDCH website. (Refer to the Directory Appendix for website information.)

The dentist must remember the following:

- X-rays must be sent along with the PA form.
- The PA form only needs to include the procedure that requires PA.
- Assess the general oral health and provide a five-year prognosis on the prosthesis requested.
- The dentist should make liberal use of the Pertinent Dental History and Medical areas on the request to better define symptomatology, treatment situations, etc. when the services requested or the accompanying documentation may leave unresolved questions. When health problems exist, they should be identified on the request along with any effect they might have upon the proposed plan of treatment.
- Any additional documentation submitted with the request must contain the beneficiary's name and identification (ID) number, date, and the dentist's name and NPI number.

Additional information is generally required to be submitted with or indicated on the PA form. This is to enable staff to make an accurate determination regarding the proposed plan of treatment.

*MDCH Medicaid Provider Manual,
Billing & Reimbursement for Dental Providers Section 2
January 1, 2010, page 3.*

In the present case, the Department Analyst testified that the Appellant's dentist faxed only one page to the Department on ██████████, the prior authorization request form requesting an upper complete denture and lower partial denture. The Department Analyst stated that the required x-rays were not attached despite the Dentist's indication in box 16 that they were enclosed. (Exhibit 1, page 5) The Appellant testified that full x-rays were taken and had she known they were required, she would have made sure that her Dentist sent them to the Department.

It is noted that the Appellant's dentist signed the prior authorization request in ██████████. (Exhibit 1, page 5) The Department Analyst explained that this was a re-submission of the prior authorization request because it could not be processed when

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previously submitted in [REDACTED] as the beneficiary name and MI Health Card numbers did not match. Department Analyst further stated that without a matching name and number for the beneficiary, that the Department was unable to keep any information from the [REDACTED] submission. This information was amended on the prior authorization request form when it was re-submitted [REDACTED]. (Exhibit 1, page 5)

While this ALJ sympathizes with the Appellant's circumstances, Department policy in this area is clear. Dentists are required to submit a full radiograph series when requesting prior authorization for a first complete denture or any partial denture request. The Appellant's prior authorization request form indicates this was the initial placement of a complete upper denture as well as a request for a lower partial denture. The Appellant's dentist failed to submit radiographs with the [REDACTED], prior authorization request. This was not the fault of the Appellant; however, this ALJ does not have equitable powers and must uphold the Department's denial as it was in accordance with Medicaid policy.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's [REDACTED] request for prior authorization for an upper complete and lower partial dentures.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Colleen Lack
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc: [REDACTED]

Date Mailed: _____

***** NOTICE *****

The State Office of Administrative Hearings and Rules may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.