

STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH
P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

██████████.,

Appellant

_____ /

Docket No. 2011-46462 PA

Case No. ██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) 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 ██████████. The Appellant appeared without representation. He had no witnesses. ██████████, Appeals Review Officer, represented the Department. Her witness was ██████████, Medicaid Analyst/MDCH.

PRELIMINARY MATTER

Although the Appellant was instructed on his right to refile his prior authorization (PA) at anytime owing to an apparent change in condition the Appellant kept forwarding new medical documents to the ALJ – even though the record in his case was closed. Those documents were returned to the Appellant so that his next action on PA would be complete.

ISSUE

Did the Department properly deny Appellant's request for prior authorization for core build-ups, dental occlusion guard and crowns?

FINDINGS OF FACT

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

1. At the time of the hearing, the Appellant is a ██████-year-old Medicaid beneficiary. (Appellant's Exhibit #1)
2. The Appellant testified that he needs significant dental work owing to a medical condition which causes him to constantly and forcefully clench and grind his teeth creating significant damage to his teeth. (See Testimony and Appellant's Exhibit #1, pp. 2-6)

3. The Appellant is afflicted with cartilaginous syndrome, arthritis and the sequela of juvenile onset osteochondrosis. He describes himself as a “walking quadriplegic” with little or no cartilage and many breaks in his neck and spine. (See Appellant’s Exhibit #1 at page 2)
4. The Appellant’s dentist (██████████) on ██████████ sought approval for a “suitable” dental treatment for the Appellant via a four (4) page PA and companion letter. Essentially recommending a series of crowns on the Appellant’s opposing teeth – consisting of porcelain or gold owing to the force with which the Appellant grinds his teeth. (See Department’s Exhibit A, pp. 10-14)
5. According to the Appellant’s provider, dentures or other forms of crowns are not feasible owing to his medical condition. (See Appellant’s Exhibit #1, p. 3)
6. On ██████████, the request for dental treatment was reviewed and denied because the services are either not covered for adults or excluded from Medicaid coverage [dental occlusion guards]. (Department’s Exhibit A, pp. 2, 17, 18)
7. On ██████████, the Appellant was advised of the denial, in writing, his further appeal rights were contained therein. (Department’s Exhibit, pp. 15, 16)
8. On ██████████, the instant request for hearing was received by the Michigan Administrative Hearing System for the Department of Community Health. (Appellant’s Exhibit #1)

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. . . .

Medicaid Provider Manual, (MPM)
Practitioner, October 1, 2011, page 4.

Under the general information instructions for Medicaid related dental services the MPM establishes coverage limits and exclusions as well as assignment of medical necessity determination:

GENERAL INFORMATION

This chapter applies to Dentists/Dental Clinics.

The primary objective of Medicaid is to ensure that essential medical/dental services are made available to Medicaid beneficiaries. Medicaid goals are aimed at making the best use of Medicaid resources and assuring the quality of medically necessary health care services provided to Medicaid beneficiaries.

Determination of medical necessity and appropriateness of services is the responsibility of the dentist, within the scope of current accepted dental practice and the limitations of Medicaid (e.g., the prior authorization [PA] process).

In cases where the Michigan Department of Community Health (MDCH) determines that the dentist did not provide a service within the scope of current accepted dental practice or the service was not provided within the limitations of Medicaid, MDCH may:

- Require the service to be immediately provided;
- Require the dentist to repeat the service at no additional charge;
- Refuse payment to the dentist for the service; or
- Recover from the dentist reimbursement made for the service.

Dental services that may be provided to all Medicaid beneficiaries include emergency, diagnostic, preventive, and therapeutic services for dental disease which, if left untreated, would become acute dental problems or cause irreversible damage to teeth or supportive structures.

CROWNS

Crowns are benefits only for beneficiaries under age 21.

Only the following crowns are considered as covered benefits for beneficiaries under age 21:

- Stainless steel crown – allowed only for primary teeth and permanent molars.

- Stainless steel crown with resin window – allowed only for anterior primary teeth.
- Laboratory-processed resin crown (indirect) – allowed only for anterior permanent teeth; requires PA.

NONCOVERED SERVICES

The following dental services are excluded from Medicaid coverage:

- Orthodontics (**revised 10/1/11**)
- Gold Crowns, Gold Foil Restorations, Inlay/Onlay restorations
- Fixed Bridges
- Bite Splints, Mouthguards, sports appliances
- TMJ Services
- Services or Surgeries that are experimental in nature
- Dental Devices not approved by the FDA
- Analgesia, Inhalation of Nitrous Oxide

MPM, Dental, §1, §6.3.C and §7, p. 1, 15, 16, 21

At the hearing the Department witness, ██████████, testified that the Appellant's request was denied for failure to meet coverage requirements for crowns, cores, build-ups or occlusion guards. [The Appellant is over 21 years of age]. She said the PA was also reviewed by MSA physician ██████████, who concurred with the denial.


The Appellant testified that things had "changed greatly" [for the worse] since the denial of service. He said he had broken additional teeth and that this was a medical issue. He did not withdraw his appeal.

He testified that he was born with this affliction and that he constantly grinds his teeth while he is awake and while he is asleep. He said that sometimes his jaw locks – but that he does not have TMJ.

On review - I thought the Department's decision to deny the request for crowns, cores, buildups and occlusion guards was correct when made.¹ The Appellant was advised that he could refile his PA at any time. He indicated his understanding on the record at the close of the hearing.

The Appellant failed to preponderate his burden of proof that the Department's decision was in error.

¹ None of the Appellant's documents describing his new diagnosis or its medical necessity were received prior to closing the record.


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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 request for PA of crowns, cores, build ups and occlusion guards.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Dale Malewska
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc: 

Date Mailed: 10/20/2011

***** NOTICE *****

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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.