

**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) 373-4147

IN THE MATTER OF:

Docket No. 2013-30827 PA

████████████████████

██████████

██████████

Appellant

_____ /

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 ██████████. ██████████ the Appellant, 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 return the Appellant's request for prior authorization for upper and lower partial dentures to the dental provider?

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 prior authorization request for upper and lower partial dentures from the Appellant's dentist. (Exhibit 1, page 5)
3. On ██████████, the Department returned the prior authorization request to the Appellant's dentist because required information was not submitted, specifically diagnostic x-rays and clarification of the charting regarding teeth ██████ and ██████. A Dental Information Needed As Per Policy sheet was included noting what information was missing. (Exhibit 1, pages 5-6)
4. The prior authorization request was never re-submitted to the Department. (Medicaid Utilization Analyst Testimony)

[REDACTED]
Decision and Order

5. The Department never sent the Appellant any determination notice regarding the [REDACTED] prior authorization request.
6. On [REDACTED], the Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (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, April 1, 2012, page 4.

2.2 COMPLETION INSTRUCTIONS

The Dental Prior Approval Authorization Request form (MSA-1680-B) is used to obtain authorization. (Refer to the Forms Appendix for instructions for completing the form.) When requesting authorization for certain procedures, dentists may be required to send specific additional information and materials. Based on the MSA-1680-B and the documentation attached, staff approves or disapproves the request and returns a copy to the dentist. Approved requests are assigned a PA number. For billing purposes, the PA number must be entered in the appropriate field on the claim form. An electronic copy of the MSA-1680-B is available on the MDCH website. (Refer to the Directory Appendix for website information.)

MDCH Medicaid Provider Manual,
Dental Section, April 1, 2012, Page 3
(Underline added by ALJ)

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.

A periapical film is required when submitting teeth that require PA for crown coverage.

When requesting PA for procedures, the dentist may be required to send radiographs along with the request. (Information regarding the completion of the PA request and the submission of radiographs is contained in the Billing & Reimbursement for Dental Providers Chapter of this manual.)

6.1.F.6. TECHNICAL CONSIDERATIONS FOR RADIOGRAPHS

Radiographs must meet the following technical considerations:

- All teeth or areas that are indicated on the PA form must be visible on the radiographs.
- Density and clarity of the radiograph must be such that radiographic interpretation can be made without difficulty by use of a conventional view box.

- On a periapical view, the apex of the tooth must be demonstrated clearly, as well as a minimum of one-eighth of an inch of surrounding bone.
- Where pathologic change is in question, healthy bone must be seen surrounding the questionable area.
- Interproximal bone must be visible without the overlapping of interproximal surfaces of teeth under consideration.
- Posterior teeth areas (e.g., demonstrated impactions, developing third molars) must be completely visible.

All radiographs submitted with the PA form must be mounted in an x-ray mount and identified with:

- The beneficiary's name and Medicaid ID Number;
- The date the radiograph was taken;
- The dentist's name and address; and
- "Right" and "Left" labels.

6.1.F.7. RETURNED RADIOGRAPHS

Technically unacceptable radiographs are returned to the dentist for replacement with no additional reimbursement provided.

Radiographs are returned to the dentist with the PA form.

MDCH Medicaid Provider Manual,
Dental Section, April 1, 2012, Pages 12-13
(Underline added by ALJ)

MDCH Medicaid Provider Manual, Dental Section, also outlines coverage for dentures:

6.6 PROSTHODONTICS (REMOVABLE)

6.6.A. GENERAL INSTRUCTIONS

Complete and partial dentures are benefits for all beneficiaries. All dentures require PA. Providers must assess the beneficiary's general oral health and provide a five-year prognosis for the prosthesis requested. An upper partial denture PA request must also include the prognosis of six sound teeth.

Complete or partial dentures are authorized:

- If there is one or more anterior teeth missing;
- If there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth); or
- Where an existing complete or partial denture cannot be made serviceable through repair, relining, adjustment, or duplicating (rebasing) procedures. If a partial denture can be made serviceable, the dentist should provide the needed restorations to maintain use of the existing partial, extract teeth, add teeth to an existing partial, and remove hyperplastic tissue.

Before final impressions are taken and any construction begun on a complete or partial denture, healing adequate to support a prosthesis must take place following the completion of extractions or surgical procedures. This includes the posterior ridges of any immediate denture. An exception is made for the six anterior teeth (cuspid to cuspid) only when an immediate denture is authorized.

Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, and duplications within six months of insertion. This includes such services for an immediate upper denture when authorized.

If a complete or partial denture requires an adjustment, reline, repair, or duplication within six months of insertion, but the services were not provided until after six months of insertion, no additional reimbursement is allowed for these services.

Complete or partial dentures are not authorized when:

- A previous prosthesis has been provided within five years, whether or not the existing denture was obtained through Medicaid.
- An adjustment, reline, repair, or duplication will make them serviceable.
- Replacement of a complete or partial denture that has been lost or broken beyond repair is not a benefit

██████████
██████████
Decision and Order

within five years, whether or not the existing denture was obtained through Medicaid.

Medicaid Provider Manual,
Dental Section, April 1, 2012, Pages 17-18
(Underline added by ALJ)

On ██████████, the Department received a prior authorization request for upper and lower partial dentures from the Appellant's dentist. (Exhibit 1, page 5) On ██████████ the Department returned the prior authorization request to the Appellant's dentist because required information was not submitted, specifically diagnostic x-rays and clarification of the charting regarding teeth ██████ and ██████. A Dental Information Needed As Per Policy sheet was included noting what information was missing. (Exhibit 1, pages 5-6)

The prior authorization request was never re-submitted to the Department. The Department asserted that they did not actually deny the prior authorization request. Rather, it was returned to the dentist for additional information that was needed to make a determination. However, the Department never sent the Appellant any determination notice regarding the ██████████ prior authorization request. Further, even if there had been a re-submission, it would have been considered a new prior authorization request and would not have resulted in further action taken on the ██████████ prior authorization request. (Medicaid Utilization Analyst Testimony)

However, the Medicaid Utilization Analyst testified that the prior authorization request can be re-submitted at any time and a complete consideration can be given. (Medicaid Utilization Analyst Testimony)

The Appellant, based on information from her dentist's office, believed the prior authorization request was denied by the Department. Accordingly, the Appellant filed the Request for Hearing which was received by the Michigan Administrative Hearing System on ██████████. The Appellant believes it was a misunderstanding with the dentist's office that the prior authorization request was denied, rather than returned for the requested additional information. (Appellant Testimony; Exhibit 1, page 3) It is noted that the 90 day timeframe to file an appeal does not begin until written notice of an action is issued. In this case, no written determination notice was issued to the Appellant. Further, there is also a right to appeal when the Department has failed to take an action on a request for services with reasonable promptness.

While this ALJ has sympathy for the Appellant's circumstances, the Department provided sufficient evidence that additional information was needed to make a determination on the ██████████ prior authorization request. The policy is clear that diagnostic x-rays are needed for all prior authorization requests for partial dentures and an upper partial denture request must also include the prognosis of six sound teeth.

[REDACTED]

Decision and Order

The Department sent this prior authorization request back to the dental provider requesting diagnostic x-rays and clarification of the charting for two upper teeth. The Department requested specific information that was required by policy or otherwise necessary to review the prior authorization request. Therefore, the Department's determination to return the Appellant's request for prior authorization for upper and lower partial dentures to the dental provider must be upheld based on the submitted documentation.

If she has not already done so, the Appellant may wish to have her dental provider submit a new prior authorization request with additional information.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly returned the Appellant's request for prior authorization for upper and lower partial dentures to the dental provider based on the submitted documentation.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.


/s/
Colleen Lack
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

CL/db

cc: [REDACTED]



Decision and Order

***** 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.