

**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:

██████████

Appellant

_____ /

Docket No. 2013-62908 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 ██████████. 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 deny the Appellant's request for prior authorization for upper and lower partial dentures?

FINDINGS OF FACT

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

1. Appellant is a ██████ year old Medicaid beneficiary, born ██████████. (Exhibit A, p 6)
2. On ██████████, the Department received a prior authorization request for upper and lower partial dentures from Appellant's dentist. The prior authorization request indicated that the dentures had been delivered to Appellant on ██████████. (Exhibit A, p 6)
3. On ██████████, the Department determined that the prior authorization request could not be approved because the service was performed prior to the prior authorization being approved. (Exhibit A, p 6; Testimony)
4. On ██████████, the Department sent a Notice of Denial to Appellant indicting that the prior authorization request was denied because the service was performed prior to the prior authorization being approved. (Exhibit A, p 7)

5. On [REDACTED], Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (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.

1.9 PRIOR AUTHORIZATION [RE-NUMBERED 4/1/13]

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, July 1, 2013, 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, July 1, 2013, Page 3*

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 (rebasin) 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 within

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

*MDCH Medicaid Provider Manual,
Dental Section, July 1, 2013, Pages 17-18
(emphasis added by ALJ)*

10.2.D. REIMBURSEMENT

Providers cannot charge the beneficiary or beneficiary's representative for the provider's failure to obtain PA. If the provider failed to obtain PA for a service and the service was rendered, he cannot apply his fee for that service in calculating other reimbursement due to him from Medicaid.

*MDCH Medicaid Provider Manual,
General Information For Providers Section, April 1, 2013, Pages 26- 27*

The Department witness testified that on ██████████, the Department received a prior authorization request for upper and lower partial dentures from the Appellant's dentist. The Department witness indicated that On ██████████, she determined that the prior authorization request could not be approved because the service was performed prior to the prior authorization being approved. Based on this finding, the Department witness testified that on ██████████, she sent a Notice of Denial to Appellant indicting that the prior authorization request was denied because the service was performed prior to the prior authorization being approved. The Department witness also indicated that Appellant's dentist could not charge her for the dentures it created without getting prior authorization.

Appellant testified that she had filed a complaint against her dentist with the Department of Licensing and Regulatory Affairs over problems she experienced in trying to get her dentures, including claims that the dentist was trying to bill Medicaid for procedures that were never performed. Appellant indicated that the dentures delivered in ██████████ did not fit and that when the dentist took another impression, he left the impression in too long and the process damaged her mouth. Appellant indicated that she has never picked up the dentures because while she was waiting for the second set of dentures to be completed, she received the denial notice. Appellant also testified that she did not believe those dentures would even fit anymore anyway.

The Department witness advised Appellant to go to a new Medicaid provider dentist and start over. The Department witness indicated that she will still be covered because she never received the dentures prepared by her prior dentist. Appellant was provided the number for the Medicaid Help Line in order to find a new Medicaid provider dentist as well

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as the Medicaid Fraud Line to follow up on her complaint regarding the alleged improper billings by her previous dentist.

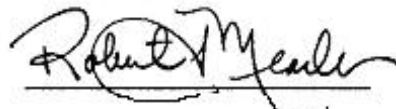
The policy is clear that all dentures require prior authorization. The Department's determination to deny the Appellant's request for prior authorization for upper and lower partial dentures because prior authorization was not obtained before the clinic provided the service to the Appellant is in accordance with the Department's policy. The provider cannot bill Appellant for the dentures it prepared without getting prior authorization.

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 prior authorization for upper and lower complete dentures based on the available information. The provider cannot bill Appellant for the dentures it prepared without getting prior authorization.

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**.



Robert J. Meade
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

[REDACTED]
Date Signed: October 10, 2013

Date Mailed: October 10, 2013

cc: [REDACTED]

***** 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.