

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. 14-010570 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 ██████████. Appellant appeared without representation.

██████████, Appeals Review Officer, represented the Department of Community Health (Department). ██████████, Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's request for prior authorization (PA) for lower partial dentures (LPD) on the grounds of insufficient information?

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 female Medicaid beneficiary under the MA-AD Care category.
2. On █████ the Department received a prior authorization request from Appellant's dentist for a LPD. (Exhibit A.8)
3. Appellant's dentist indicated on the Prior Authorization Request that Appellant had all of her upper teeth. The Department was in receipt of verification at the time of the request that Appellant was missing at least 8 upper teeth pursuant to verification received on █████ from the same Dental lab. (Exhibit A.7)

4. On ██████████ the Department issued a request to Appellant's dentist requesting further information, specifically, completion of Section 22 on the Prior Authorization form. (Exhibit A.9)
5. On ██████████ the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. To date, the Department still does not have the verification from Appellant's dentist requested in ██████████. (Exhibit A.2)

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.

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....

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, April 1, 2013,¹ page 4.

Under the general policy instructions for Medicaid related dental services the MPM sets replacement schedules for denture repair and replacement:

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.

Radiograph Submission Requirements for Prior Authorization 6.1.G.7:

...A full mouth radiograph series must be submitted with PA requests for complete dentures in cases where beneficiaries are receiving their first denture.

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....

¹ This edition of the MPM is identical to the version in place at the time of negative action.

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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.

MPM, Dental, §6.6A, April 1, 2013, pp. 17, 18

Policy further states that dentists may be required to send specific additional information and materials. Section 2.2, MPM, Dental, Section 2.2

The facts herein are not disputed: Appellant's dentist failed to complete Section 22 on the Dental prior Approval Authorization Request form dated ██████████. The Section simply states that Appellant does not have any teeth missing. (Exhibit A.8) Prior verification received from the same Dental Provider dated ██████████ shows at that time, 7 upper teeth missing. (Exhibit A.7) This information is necessary in order for the Department to process the request, and specifically, to make an assessment as to the 8 teeth in occlusion rule. Thus, the request submitted by Appellant's dentist dated ██████████ is patently inconsistent with the verification held by the Department.

Under the above cited authority, the Department was required to request clarification and/or information sufficient to process the request. The Department did so. Appellant's dentist has failed to respond. Thus, a review of the information herein is based on the evidence of record. The evidence of record does not establish eligibility. The Department's action was correct.

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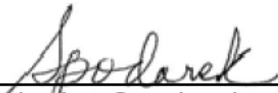
It should be noted that it is very likely that if and when Appellant's dentist clarifies the verification records, Appellant may not be eligible under the 8 teeth in occlusion rule. The purview of an Administrative Law Judge (ALJ) is to review the Department's actions, and to make a determination if those actions are correct under policy and procedure. A review of the Department's law and policy as applied to the facts herein supports the action and thus, the Department's denial must be upheld.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department correctly processed Appellant's prior authorization request for a lower partial denture.

IT IS THEREFORE ORDERED that:

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

/s/ 

Janice Spodarek

Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

JS 

cc: 

Date Signed: 

Date Mailed: 

***** 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.