

**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. 14-013978 PA

██████████,

██████████

██████████

Appellant

_____ /

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. ██████████, Appeals Review Officer, represented the Department. ██████████, Dental Hygienist and Medicaid Utilization Analyst appeared as a witness for the Department's Prior Authorization Section.

ISSUE

Did the Department properly deny Appellant's request for Prior Authorization (PA) of a lower partial metal 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. Appellant is a ██████-year-old Medicaid beneficiary, born ██████████. (Exhibit A, pp. 5-11 and testimony).
2. On ██████████, the Appellant's dentist ██████████ ██████████ sought approval for complete upper and lower dentures on ██████████. (Exhibit A, p. 6).
3. On ██████████, the Appellant's PA request for complete upper and lower dentures was approved by the Department. (Exhibit A, p. and testimony).
4. On ██████████, the Appellant's dentist sought a change in the treatment plan requesting the complete upper, but only a lower partial

Docket No. 14-013978 PA
Decision and Order

metal denture. The dentist's request for a change in the treatment plan stated that all remaining upper teeth had been extracted on [REDACTED]. (Exhibit A, p. 8 and testimony).

5. On [REDACTED], the Department sent written notice to Appellant stating that Appellant's Prior Authorization request for the lower partial metal denture was being denied because partial dentures are authorized if there are less than [REDACTED] posterior teeth in occlusion. Appellant was advised of his appeal rights. (Exhibit A, p. 5).
6. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received the instant request for hearing brought by the Appellant. (Exhibit A, p. 4).

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.

Medicaid covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM). With respect to prior authorization requests, the MPM states:

SECTION 2 – PRIOR AUTHORIZATION

Prior authorization (PA) must be obtained for certain services identified in this chapter and those dental services identified as requiring PA in the MDCH Dental Database posted on the MDCH website. (Refer to the Directory Appendix for website information.) A PA request is needed only for those services requiring PA.

* * *

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

Docket No. 14-013978 PA
Decision and Order

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.) [*Medicaid Provider Manual, Dental Chapter, October 1, 2014, Section 2, p. 3*].

In this case, the Department's witness identified the reason why Appellant's request for a lower partial denture was denied. For the reasons discussed below, this Administrative Law Judge finds that the Department's decision should be sustained.

The *Medicaid Provider Manual, Dental Chapter, Section 6.6 Prosthodontics, October 1, 2014*, covers the available Medicaid benefits for complete and partial dentures. This section states in part:

6.6.A. GENERAL INSTRUCTIONS [CHANGE MADE 10/1/14]

Complete and partial dentures are benefits for all beneficiaries. All dentures require prior authorization (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 when one or more of the following conditions exist:

- One or more anterior teeth are missing.
- There are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth).
- An existing complete or partial denture cannot be made serviceable through repair, relining, adjustment, or duplicating (rebasing) procedures.

If an existing complete or partial denture can be made serviceable, the dentist should provide the needed restorations to maintain use of the existing removable prosthesis. This includes extracting teeth, adding teeth to the existing prosthesis, and removing hyperplastic tissue as necessary to restore the functionality of the complete or partial denture of the complete or partial denture. [*Medicaid*

Docket No. 14-013978 PA
Decision and Order

Provider Manual, Dental Chapter, §6.6A, October 1, 2014, p. 18, emphasis added].

The Department's witness [REDACTED] a Medicaid Utilization Analyst stated Appellant's Prior Authorization request on [REDACTED] was originally for complete upper and lower dentures. [REDACTED] stated the request for complete upper and lower dentures was approved by the Department on [REDACTED]. However, on [REDACTED], the Appellant's dentist requested a change in the treatment plan, requesting instead a complete upper denture, and a lower partial metal denture. The request for a change in the treatment plan noted that all remaining upper teeth had been extracted on [REDACTED]. [REDACTED] stated Appellant's Prior Authorization for a change in the treatment plan requesting the lower partial instead of the complete lower denture was denied.

[REDACTED] referred to the tooth charting in section 22 of the Dental Prior Approval Authorization Request completed by the provider dentist. [REDACTED] stated the charting shows that the Appellant has eight posterior teeth in occlusion with the approval of the upper complete denture. [REDACTED] stated according to the Medicaid policy quoted above, complete or partial dentures are authorized only when there are less than [REDACTED] posterior teeth in occlusion. [REDACTED] stated that Appellant did not qualify under Medicaid policy for the lower partial metal denture once the complete upper was approved the Appellant has eight posterior teeth in occlusion.

Appellant stated he is only missing [REDACTED] teeth in the lower back on both sides. He said he was told if you have more than [REDACTED] teeth you can't get a complete denture. Appellant said he has had all the impressions taken and on [REDACTED], he is supposed to go in and have his new dentures, including the lower partial fit so he can pick them up from the dentist. He said he just wants Medicaid to pay for the dentures. [REDACTED] acknowledged that the charts submitted with the PA request support the Appellant's testimony as to the missing teeth in the lower back on both sides.

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying his Prior Authorization request for a lower partial denture. Here, Appellant has failed to meet that burden. As described above, the Department's representative properly identified the reason why Appellant's request was denied and this reason establishes a sufficient basis for the denial in this case. Accordingly, the Department's decision must be affirmed.

On review, the Department's decision to deny the request for a lower partial metal denture was reached within policy.

[REDACTED]
Docket No. 14-013978 PA
Decision and Order

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 PA request for a lower partial metal denture.

IT IS THEREFORE ORDERED that:

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

William D Bond

William D. Bond
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

WDB/db

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.