

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. 2014-15420 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 and testified.

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

ISSUE

Did the Department properly deny Appellant's request for prior authorization (PA) for complete lower dentures (CLD) under the 5 year rule?

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 program.
2. On ██████, the Department received a prior authorization request from ██████████ for complete upper and complete lower dentures. (Exhibit A.7)
3. Attached to the ██████ PA form was a set of ██████ X-rays indicating that Appellant still has a number of lower teeth on her lower jaw. Unrefuted evidence of record is that it is impossible that Appellant could have ever worn or had a lower complete denture placed. (Exhibit A.7 & Testimony)
4. On ██████ the Department paid ██████████ for complete

maxillary and complete mandible dentures the Department contends was for Appellant. (Exhibit A.8)

5. The Department stipulated that the x-rays found in Exhibit 7, and, and payment history found in Exhibit 8, are inconsistent.
6. On ██████████, the Department issued a denial for both the upper and lower dentures on the grounds that "...per paid history, a complete upper denture and a complete lower denture were placed within 5 years..." (Exhibit A.5)
7. On ██████████, the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing stating in part: "In ██████████ I received a complete upper set of dentures. I never had my lower teeth pulled at that time. I am only requesting a complete set of lower dentures." (Exhibit A.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.

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, January 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

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

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....

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, January 1, 2013, pp. 17, 18

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At hearing, the Department witness testified that Appellant's request was denied for failure to meet policy requirements under the Medicaid Provider Manual. Specifically, the Department argues that Appellant had a lower denture "provided" as evidenced by Exhibit 8-a payment history report.

Appellant's response is that in fact, she never had a lower denture "placed" as evidence by the Department's Exhibit A.7, which included ██████ x-rays showing that Appellant still has lower teeth. The Department stipulated that the x-rays are evidence that Appellant never could have had a complete lower denture; that it is impossible for Appellant to ever have had placement of or to ever have worn a lower denture.

At hearing, the Department stipulated that the Department's own evidence-Exhibits A.7 and A.8-are inconsistent.

The purview of an administrative law judge (ALJ) is to review the Department's action and to make a determination if those actions are in compliance with Department policy, and not contrary to law. The ALJ is required to render a decision based on the evidence of record.

The Department customarily offers a history payment report to show that a prior denture was "provided." However, an individual at an administrative hearing has a right to rebut the evidence submitted by the Department by a preponderance of evidence standard. In this case, Appellant has clear and convincing evidence that she never had lower complete dentures; and the Department stipulated to the same. The Department's actions are not supported by the evidence.

After a careful review of the credible and substantial evidence of record, this Administrative Law Judge finds that the Department's actions are not supported by the evidence. The Department's actions are reversed.

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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 denial of Appellant's request for complete lower dentures was incorrect.

IT IS THEREFORE ORDERED that:

The Department's decision is REVERSED..

/s/ _____

Janice Spodarek
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

[REDACTED]
cc:

[REDACTED]

Date Signed: March 25, 2014

Date Mailed: March 26, 2014

***** 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.