

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. 2014-9677 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 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 process Appellant's request for prior authorization (PA) for lower and upper 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 7)
2. On ██████████ the Department received a prior authorization request from Appellant's dentist for partial upper and partial lower dentures. (Exhibit A.2)
3. Appellant is missing tooth number 7-an anterior tooth. (Exhibit A.7)
4. On ██████████, the Department issued a Notice of Amended Authorization approving the upper partial on the grounds that Appellant had less than 8 teeth in occlusion. (Exhibit A.5, Testimony). The Department denied the lower partial denture on the grounds that if and when Appellant has a partial upper denture placed, at that point she will have 8 teeth in occlusion. (Exhibit A.5, Testimony)

5. On ██████████, the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing.

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, 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.

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,

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

adjustment, or duplicating (rebasings) 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, April 1, 2013, pp. 17, 18

At the administrative hearing, the Department testified that approval for a complete or partial denture will be given when any one of the three factual scenarios exists identified above. Those are: if there is one or more anterior teeth missing, or, less than eight posterior teeth in occlusion, or, where an existing denture cannot be serviced. Section 6.6

Evidence in this case indicates that as of the application date, Appellant only had 2 teeth in occlusion. The Department witness testified that Appellant's request for upper partial dentures was approved, but her request for lower partial dentures was denied. The reason for denial is because if and when Appellant has the upper partial placed,

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then she would no longer have two teeth in occlusion but would have eight. (Testimony).

The Department testified that there is no specific policy, procedure, or law that indicates in what order or manner the Department is to process a prior approval application requesting both upper and lower dentures. The Department may process the upper first, or, the lower first. (Testimony) The Department testified that it processes such requests in a manner to give the Appellant the best case scenario. Often this means the denture that replaces the greater number of missing teeth. In this case, that would be the upper denture.

This administrative law judge has reviewed the evidence and finds that the order in which the Department processed the denture can make a difference in whether Appellant is approved one or both dentures. Specifically, when Appellant applied, she did not (and does not) have 8 teeth in occlusion. Under the Medicaid Provider Manual, this would trigger an authorization for a partial lower denture. With the lower partial denture in place, Appellant would still not have 8 teeth in occlusion. However, Appellant is missing anterior number 7, and is eligible for an upper partial denture under the missing anterior tooth policy. Medicaid Provider Manual S 6.6A.

However, if the Department processes the upper first, as was done here, then Appellant would have 8 teeth in occlusion after placement. Under this scenario, the Department customarily denies the second denture request.

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. In this case, there is no policy or procedure that instructs the Department as to the order of processing a prior authorization request where there is more than one denture requested. Thus, the order of processing is discretionary. As such, this ALJ can find no reason to reverse the actions as the action taken-the approval of only one denture-is not contrary to policy in the Medicaid Provider Manual. The department's actions are upheld.

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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 correctly approved Appellant's prior authorization request for an upper partial denture and properly denied the request for a lower partial denture.

IT IS THEREFORE ORDERED that:

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

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

[REDACTED]
cc: [REDACTED]

Date Signed: February 14, 2014

Date Mailed: February 19, 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.