

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

██████████,
Appellant
_____ /

Docket No. 15-006099 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 Appellant's request for a hearing.

After due notice, a telephone hearing was held on ██████████. Appellant appeared and testified on her own behalf. ██████████, Appeals Review Officer, and ██████████, Medicaid Utilization Analyst, represented the Respondent Department of Health and Human Services (formerly Department of Community Health)(hereafter Department).

State's Exhibit A pages 1-13 was admitted as evidence without objection.

ISSUE

Did the Department properly deny Appellant's request for prior authorization (PA) for a complete upper and lower 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 Medicaid beneficiary, date of birth ██████████.
2. On ██████████, Appellant's dentist sought prior authorization for partial upper and lower dentures on Appellant's behalf.
3. On ██████████, the Department sent Appellant and her dentist a request for additional information, stating that the Department needed the following information:
 - Submit a new Prior Authorization Form MSA-1680B (Revised 6/2014).
 - Policy 6.1.G1 Technical Considerations and Additional Requirements.

- Review technical considerations and requirements. Please add readable diagnostic x-rays to process.
 - Per Michigan Department of Community Health database appears history. Please document approximate month and year of current prosthesis in Section 21 and reason for replacement in Section 29.
 - Complete Section 22 to process. (State's Exhibit A page 10)
4. On [REDACTED], Appellant's dentist sought prior approval authorization for partial upper and lower dentures on behalf of Appellant, but failed to complete Section 22. (State's Exhibit A page 6)
 5. On [REDACTED], the Department sent Appellant Notice of Denial stating that the requested was denied as incomplete, stating: Dentists may be required to send specific additional information and materials. The DDS did not submit specific additional instruction as requested. (State's Exhibit A page 5)
 6. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. (State's Exhibit A page 3)

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.

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, 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....

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.)

MPM, Dental, §2, April 1, 2015, pp. 4

At the hearing the Department witness testified that Appellant's request was denied because her dentist submitted an incomplete Prior Authorization Form. The dentist did not complete Section 22 as instructed. Once the dentist submits a completed form, the Department can reconsider the request.

On review, the Department's decision to deny the request for dentures was reached within policy. The Department has established by the necessary competent, material and substantial evidence on the record that it acted in compliance with Department policy when it denied Appellant's prior authorization request for partial upper and lower dentures based upon the fact that the dentist failed to complete Section 22 of the Prior Authorization request.

[REDACTED]
Docket No. 15-006099 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 request for PA for partial upper and lower dentures.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.



Landis Y. Lain

Administrative Law Judge
for Nick Lyon, Director

Michigan Department of Health and Human
Services

cc: [REDACTED]

LYL [REDACTED]

Date Signed: [REDACTED]

Date Mailed: [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.