



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

MIKE ZIMMER
DIRECTOR

[REDACTED]

Date Mailed: April 6, 2016
MAHS Docket No.: 16-001713
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Corey Arendt

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Petitioner's request for a hearing.

After due notice, a hearing was held on April 5, 2016. [REDACTED] appeared on her own behalf. Theresa Root, Appeals Review Officer, represented the Department of Health and Human Services (Department). Dianne Redford, Medicaid Utilization Analyst, appeared as a witness for the Department.

Exhibits

Petitioner: None
Respondent: Exhibit A – Hearing Summary

ISSUE

Did the Department properly deny Petitioner's request for prior authorization?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Petitioner is a [REDACTED]-year-old female Medicaid beneficiary, born [REDACTED] [REDACTED]. (Exhibit A, p. 5.)
2. On June 13, 2012, the Petitioner received full upper and lower dentures. (Exhibit A, p. 10; Testimony.)

3. On November 20, 2015, Dental Dreams LLC, submitted on behalf of the Petitioner a prior authorization request for complete upper and lower dentures. (Exhibit A, p. 7; Testimony.)
4. December 10, 2015, the Department sent the Petitioner a notification of denial indicating the November 20, 2015 prior authorization request was denied. The reason for the denial was that complete or partial dentures are not authorized when a previous prosthesis had been provided within the prior 5 years. (Exhibit A, pp 5, 6; Testimony.)
5. On February 18, 2016, the Michigan Administrative Hearing System (MAHS) received Petitioner's Request for Hearing. (Exhibit A, p 4.)

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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.

1.9 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.

*MDHHS Medicaid Provider Manual, Practitioner
Section, (Date and Page No).*

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....

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.

Medicaid Provider Manual, (MPM)
Dental, April 1, 2015, p 19-20.

At the hearing the Department witness testified that Petitioner's request was denied for failure to meet policy requirements for prostheses replacements on a 5-year rotation as cited above. According to the Department's evidence, Petitioner received dentures in 2012 and would be eligible for new dentures in June of 2017.

The Petitioner indicated the dentures placed/fitted in 2012 were a poor fit. The Department witness indicated that until December of 2016, the Petitioner could go to any Dentist that accepts Medicaid and attempt to have her current dentures realigned/fitted.

The role of an ALJ is to determine whether or not the Department's actions were in conformity with the applicable laws and policies. And unfortunately for Petitioner, there is no remedy at this administrative hearing.

In this case, Section 6.6 does not allow for the authorization of a complete or partial denture when there has been a previous prosthesis provided within five years, even if the denture was not obtained from Medicaid. As the facts herein support the denial under Section 6.6, this ALJ must uphold the denial as it is consistent with Department policy, and federal and state law.


DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that

IT IS, THEREFORE, ORDERED that:

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

CA/sb



Corey Arendt
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139

DHHS Department Rep.

Mary Carrier
320 S. Walnut Street
Lansing, MI
48909

Authorized Hearing Rep.

Sarah Barr
127 Cliffwood
Portage, MI
49002

DHHS -Dept Contact

Sheila Embry
CCC Building
6th Floor
Lansing, MI
48919

Petitioner



Agency Representative

Theresa Root
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Lansing , MI
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