



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: November 4, 2016  
MAHS Docket No.: 16-011479  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Steven Kibit**

### **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.*, and upon the Petitioner's request for a hearing.

After due notice, a telephone hearing was held on October 12, 2016. Petitioner appeared and testified on her own behalf. [REDACTED], Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). [REDACTED], Medicaid Utilization Analyst, testified as a witness for the Department.

### **ISSUE**

Did the Department properly deny Petitioner's prior authorization request for partial upper and lower 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. On or about May 23, 2016, the Department received a prior authorization submitted on Petitioner's behalf by [REDACTED] and requesting partial upper and lower dentures for Petitioner. (Exhibit A, page 8).
2. On June 14, 2016, the Department sent [REDACTED] a Request for Additional Information. (Exhibit A, pages 9-10).
3. In that request for additional information, the Department stated in part that the charting and x-rays submitted were not in agreement and that the dentist needed to document Petitioner's bridgework. (Exhibit A, page 9).

4. The request for additional information also provided in part that a partial upper denture requires a prognosis of six sound teeth, which Petitioner does not appear to have, and that the dentist needed to clarify the treatment plan with respect to whether a complete or partial upper denture was being requested. (Exhibit A, page 9).
5. On or about June 29, 2016, the Department received another prior authorization submitted on Petitioner's behalf by [REDACTED] and requesting partial upper and lower dentures for Petitioner. (Exhibit A, page 7).
6. However, that second request did not include any of the additional information requested by the Department. (Testimony of Department's witness).
7. On July 20, 2016, the Department sent Petitioner written notice that the prior authorization request for partial upper and lower dentures had been denied. (Exhibit A, pages 5-6).
8. Regarding the reason for the denial, the notice stated in part:
  - Policy 2.2. Completion instructions: Dentists may be required to send specific additional information and materials. The DDS did not submit specific additional information as requested. DDS did not correct max charting and DDS did not chart bridge.

*Exhibit A, page 5*

9. On August 22, 2016, the Michigan Administrative Hearing System received the request for hearing filed in this matter regarding that denial. (Exhibit A, page 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 statutes, 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). Regarding the specific request in this case, the applicable version of the MPM states in part:

## **SECTION 2 – PRIOR AUTHORIZATION**

Prior authorization (PA) is only required for those services identified in the Dental Chapter and the Medicaid Code and Rate Reference tool. (Refer to the Directory Appendix for website information.)

### **2.1 PRIOR AUTHORIZATION REQUIREMENTS IN CASES OF OVER-UTILIZATION**

MDHHS may require a dentist found to be misutilizing services to obtain PA for all or selected dental services separate from those generally requiring authorization. MDHHS is required to explain to the dentist, in writing, the reasons for applying this requirement.

### **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 MDHHS website. (Refer to the Directory Appendix for website information.)

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## **6.6 PROSTHODONTICS (REMOVABLE)**

### **6.6.A. 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 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.

Before the final impressions are taken for the fabrication of a complete or partial denture, adequate healing necessary to support the prosthesis must take place following the completion of extractions and/or surgical procedures. This includes the posterior ridges of any immediate denture. When an immediate denture is authorized involving the six anterior teeth (cuspid to cuspid), this requirement is waived.

Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, and duplications within six months of insertion. This also includes such services necessary for an immediate upper denture when authorized. If any necessary adjustments or repairs are identified within the six month time period but are not provided until after the six month time period, 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.

When denture services have commenced but irreversible circumstances have prevented delivery, the dentist should bill using the Not Otherwise Classified (NOC) procedure code. A copy of the lab bill and an explanation in the Remarks section of the claim must be included. Providers are paid a reduced rate to offset a portion of the costs incurred. It is the expectation that the probability of removable appliances being delivered and follow-up treatment completed is assessed prior to the initiation of treatment to evaluate whether the treatment is appropriate for the specific patient. Contact the Program Review Division (PRD) regarding the requirements for incomplete dentures. (Refer to the Directory Appendix for contact information.)

*MPM, April 1, 2016 version  
Dental Chapter, pages 4, 19-20  
(Emphasis added)*

Here, the Department's witness testified that Petitioner's prior authorization request for partial upper and lower dentures was denied pursuant to the above policy. Specifically, she described the conflicting information provided in the initial prior authorization request, including inconsistencies between charting and x-rays and a question of whether a complete upper denture should have been requested rather than a partial, and the need for additional information and clarification in order to process the request. She also testified that, while the Department requested additional information from Petitioner's dentist, no such additional information was provided as part of the second

prior authorization request and the Department had to deny Petitioner's request for partial dentures.

In response, Petitioner testified that, while she has some teeth remaining, including bridgework on the top, she is currently at risk for choking and she needs dentures. She also testified that she spoke with her dentist's office and assumed that they sent everything in that was needed.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying her prior authorization request. Moreover, the undersigned Administrative Law Judge reviews the Department's decision in light of the information that was available at the time the decision was made.

Given the undisputed record in this case, Petitioner has failed to meet her burden of proof and the Department's decision must be affirmed. While the undersigned Administrative Law Judge understands that Petitioner must rely on her dentist to send in the necessary information and may not be at fault herself, he also finds that, given the conflicting information provided by Petitioner's dentist and the need for clarification, the Department both properly requested additional information that was necessary to make a decision and properly denied the request when no additional information was provided. The Department can only base its decision on what it provided and what was provided in this case failed to demonstrate that Petitioner met the criteria for dentures.

To the extent Petitioner has new and additional information to provide, she and her dentist can always submit a new prior authorization request. With respect to the request at issue in this case, however, the Department's decision was proper based on the information available at the time and it must therefore be affirmed.


### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied Petitioner's prior authorization request for a partial upper and lower dentures.

**IT IS, THEREFORE, ORDERED** that:

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

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**Steven Kibit**  
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.

[REDACTED]  
[REDACTED]  
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