



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR



Date Mailed: June 17, 2016
MAHS Docket No.: 16-005827
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Janice Spodarek

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 telephone conference hearing was held on 6/15/16. Petitioner appeared and testified. [REDACTED] appeared as a witness.

[REDACTED] Appeals Review Officer, represented the Department of Health and Human Services (Respondent or Department). [REDACTED], Medicaid Utilization Analyst, appeared as a witness on behalf of the Respondent.

ISSUE

Did the Respondent properly deny Petitioner's request for prior authorization (PA) for complete 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. Petitioner is a [REDACTED] year-old female beneficiary of the Medicaid program.
2. On [REDACTED] Petitioner's dentist completed a PA request for complete upper and lower dentures. (Exhibit A.8).
3. On [REDACTED] data base report from the Respondent indicates that a dentist applied for payment for a complete upper and complete lower dentures on behalf of Petitioner on [REDACTED]. (Exhibit A.9).

4. On [REDACTED], the Respondent issued a denial for complete upper and lower dentures on the grounds that the State of Michigan paid for placement for a complete upper and lower dentures on [REDACTED], and that complete or partial dentures are not authorized when a previous prosthesis has been provided within 5 years. (Exhibit A.6-7).
5. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received Petitioner'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, 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 partial denture PA request must also include the prognosis of six sound teeth.

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

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

At the hearing the Respondent witness testified that Petitioner's request was denied for failure to meet policy requirements for prosthesis replacement on a 5-year rotation as cited above. The Department's/Respondent evidence indicates that Petitioner had complete upper and lower dentures placed on [REDACTED].

Petitioner does not dispute placement within the 5 year period. Rather, Petitioner argues that due to medical reasons, she needs different dentures.

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 must base the hearing decision on the preponderance of the evidence offered at the hearing or otherwise included in the record. The ALJ at an administrative hearing must base a decision upon the evidence of record focusing at the time of the assessment. The Department cannot be held accountable for evidence it was unaware of at the time of its determination

After a careful review of the credible and substantial evidence on the whole records, this ALJ finds that the Department's actions were in compliance with its policy, and supported by the documentary and testimonial evidence taken as a whole. The Department submitted documentary evidence to support the action taken. As the preponderance of evidence weighs on favor of the Department based on the available evidence, this ALJ must uphold the Department.

The Department's witness however gave Petitioner information and instructions as to how she might file a new PA and request an exception. This however, is not under the purview of the present case.

As noted above, policy regarding replacement dentures does not allow Medicaid payments under the 5 year rule cited above, which is the extent of the jurisdictional purview of this Administrative Law Judge and thus, the denial here must be upheld based on these facts.

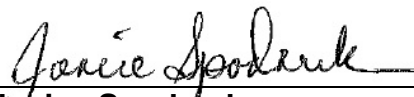
DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Respondent properly denied the Petitioner's request for complete upper and lower dentures based on the evidence of record.

IT IS THEREFORE ORDERED that:

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

JS/cg



Janice Spodarek

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

Agency Representative

[REDACTED]

DHHS Department Rep.

[REDACTED]

Petitioner

[REDACTED]

DHHS -Dept Contact

[REDACTED]