



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

Date Mailed: January 14, 2020
MOAHR Docket No.: 19-011029
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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 January 14, 2020. [REDACTED] the Petitioner, appeared on her own behalf. Emily Piggott, Appeals Review Officer, represented the Department of Health and Human Services (Department). Heather Beavers, Medicaid Utilization Analyst, appeared as a witness for the Department.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-17.

ISSUE

Did the Department properly deny Petitioner's request for prior authorization for a lower partial 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. Petitioner is a [REDACTED] year-old Medicaid beneficiary, born [REDACTED] 1957. (Exhibit A, p. 14)
2. On August 23, 2019, the Department received a prior authorization request for an upper complete denture and a lower partial denture from Petitioner's dentist. (Exhibit A, p. 14; Medicaid Utilization Analyst Testimony)

3. On September 13, 2019, the Department approved the upper complete denture, and denied the lower partial denture. The Department determined that with the upper complete denture in place, Petitioner will have eight posterior teeth in occlusion, i.e. back teeth that bite together, based on the information provided by the dentist. (Exhibit A, p. 14; Medicaid Utilization Analyst Testimony)
4. On September 16, 2019, the Department sent Petitioner a Notice of Amended Authorization stating the upper complete denture was approved and the lower partial denture was denied. (Exhibit A, pp. 12-13)
5. On September 16, 2019, the Department sent Petitioner a Notice of Denial stating the request for the lower partial denture was denied based on the policy that complete or partial dentures are authorized when there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth). Petitioner was further advised of her appeal rights. (Exhibit A, pp. 9-10)
6. On October 23, 2019, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, pp. 4-5)

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, (July 1, 2019), p. 4.*

Under the 6.6 Prosthodontics (Removable), the Medicaid Provider Manual, Dental Section, sets forth criteria for authorizing complete or partial dentures:

6.6.A. GENERAL INSTRUCTIONS

Complete and partial dentures are benefits for all beneficiaries. All dentures require prior authorization (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 maxillary 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).

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 complete 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 rebasing will make a prosthesis serviceable.
- A complete or partial denture has been lost or broken beyond repair within five years, whether or not the existing denture was obtained through Medicaid.

MDHHS Medicaid Provider Manual, Dental
Section, (July 1, 2019), pp. 20-21
(Underline added by ALJ)

On August 23, 2019, the Department received a prior authorization request for an upper complete denture and a lower partial denture from Petitioner's dentist. (Exhibit A, p. 14; Medicaid Utilization Analyst Testimony) On September 13, 2019, the Department approved the upper complete denture, and denied the lower partial denture. The Department determined that with the upper complete denture in place, Petitioner will have eight posterior teeth in occlusion, i.e. back teeth that bite together, based on the information provided by the dentist. (Exhibit A, p. 14; Medicaid Utilization Analyst Testimony) Accordingly, on September 16, 2019, the Department sent Petitioner a Notice of Amended Authorization stating the upper complete denture was approved and the lower partial denture was denied. (Exhibit A, pp. 12-13) On September 16, 2019, the Department also sent Petitioner a Notice of Denial stating the request for the lower partial denture was denied based on the policy that complete or partial dentures are authorized when there are less than eight posterior teeth in occlusion. (Exhibit A, pp. 9-10)

Petitioner testified that she had a stroke in 2013 and her jaw does not align. Therefore, with the complete upper denture in place, she will still have difficulty chewing and eating properly as she has nothing to bite down on. The remaining teeth Petitioner has are mostly towards the front. There are several foods Petitioner cannot eat. Petitioner described several health conditions, including sarcoidosis, lymphedema, her digestive system being shot, and having no gall bladder or appendix. Petitioner will be seeing a new gastroenterologist to try to find a diet she can eat. Petitioner also testified that a different dental provider in 2017 was going to extract two teeth on the bottom, teeth 27 and 28. (Petitioner Testimony) However, on the August 23, 2019, prior authorization request form, the dental provider left section 28 blank, where any other pertinent dental or medical history could be provided. Further, in sections 20 and 27, the provider indicated that no teeth would be extracted. (Exhibit A, p. 14)

The Department provided sufficient evidence that with the approved upper complete denture in place, Petitioner has eight posterior teeth in occlusion and she is not missing any front teeth based on the information submitted by the dentist. (Exhibit A, p. 14) Petitioner's dental provider also did not include any other pertinent dental or medical history for the Department to consider. Therefore, the Department's denial of the August 23, 2019, prior authorization request for the lower partial denture must be upheld because it was in accordance with above cited Department policy.

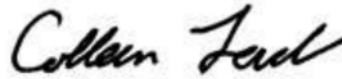
As discussed, Petitioner may wish to have a new prior authorization request submitted at any time with any updates to the treatment plan (such as any teeth that will be extracted) and any pertinent dental or medical information.

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 request for prior authorization for a lower partial denture based on the available information.

IT IS, THEREFORE, ORDERED that:

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



CL/dh

Colleen Lack
Administrative Law Judge
for Robert Gordon, 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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

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

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

DHHS -Dept Contact

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Petitioner

[REDACTED]
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