



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: February 19, 2020
MOAHR Docket No.: 19-012881
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 February 11, 2020. Petitioner appeared on her own behalf. Allison Pool, Appeals Review Officer, appeared on behalf of the Department of Health and Human Services (Department). Heather Beavers, Medicaid Utilization Analyst, appeared as a witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly deny Petitioner's request for prior authorization (PA) for dental implants?

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] 1979. (Exhibit A, p 10; Testimony.)
2. Petitioner has Fee-For-Service (FFS) Medicaid. (Exhibit A, p 18; Testimony.)
3. On or around May 3, 2017, Petitioner was approved for complete upper and lower dentures. At the time of approval, Petitioner's treating dentist indicated Petitioner had a good 5-year prognosis. (Exhibit A, p 28; Testimony.)

4. November 19, 2019, Muskegon Family Care Dental, submitted to the Department, two separate prior authorization requests for dental implants with provider codes D5811, D6010, D6051, D6115, and D6056. (Exhibit A, pp 12, 15; Testimony.)
5. Medicaid does not have a provider code for 6051 and Provider Codes D5811, D6010, D6115 and D6056 are a Medicaid covered benefit for Children Special Health Care Services. (Exhibit A, pp 21-23; Testimony.)
6. On December 4, 2019, the Department sent Petitioner two separate Notices of Denial. Both notices indicated the prior authorization requests for dental implants were denied on the basis that the procedure codes are not a covered benefit for Petitioner. (Exhibit A, pp 10-11; Testimony.)
7. On December 16, 2019, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A, pp 8-9.)

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.

Medicaid Policy in Michigan is found in the Medicaid Provider Manual (MPM). With regard to prior authorizations, it states, in pertinent part:

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. . . .

*Medicaid Provider Manual
Practitioner Chapter
October 1, 2019, p 4*

Under the general policy instructions for Medicaid related dental services the MPM provides the following:

6.6.E. INTERIM COMPLETE & PARTIAL DENTURES

Interim complete dentures are authorized only in very unusual situations. For beneficiaries under the age of 16, Interim partial dentures (sometimes called a “stay-plate”) to replace anterior teeth are authorized. The provider must submit justification and explanation of proposed future treatment with the PA request.

8.2.C. IMPLANT SERVICES

Dental implants, surgical guides and occlusal guards are covered for CSHCS beneficiaries who have a qualifying diagnosis of anodontia or traumatic injury to the dental arches, and standard restorative treatment is contraindicated.

*Medicaid Provider Manual
Dental Chapter
October 1, 2019, pp 22-29.*

The Department witness testified that Petitioner's request was denied for failure to meet policy requirements for implants as the Petitioner does not receive Children's Special Health Care Services.

Petitioner testified that she requires the implants and that she shouldn't have to blend her food in order to eat it. The documentation provided a couple of letters from treating health professionals wherein the professionals recommended implants.

The Department correctly pointed out that the letters recommend the implants without providing additional evidence to substantiate the recommendation. As a result, the recommendations carry very little weight in the absence of additional evidence.

Accordingly, I find sufficient evidence to affirm the Departments decision to deny the request for dental implants.

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 dental implants.

IT IS THEREFORE ORDERED that:

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

CA/sb



Corey Arendt
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

Gretchen Backer
400 S. Pine, 6th Floor
PO Box 30479
Lansing, MI
48909

DHHS Department Rep.

M. Carrier
Appeals Section
PO Box 30807
Lansing, MI
48933

Petitioner

[REDACTED]
MI

Agency Representative

Allison Pool
222 N Washington Square
Suite 100
Lansing, MI
48933