



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED] MI [REDACTED]

Date Mailed: July 15, 2020
MOAHR Docket No.: 20-002800
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

DECISION AND ORDER

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 *et seq*; 42 CFR 438.400 *et seq*; and Mich Admin Code, R 792.11002.

After due notice, a hearing was held on June 18, 2020. [REDACTED] the Petitioner, appeared on her own behalf. [REDACTED] husband, appeared as a witness for Petitioner. Emily Piggott, Appeals Review Officer, represented the Department of Health and Human Services (Department). Dianne Redford, Medicaid Utilization Analyst, appeared as a witness for the Department. Leigha Burghdoff, ARO, was present as an observer.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-13.

ISSUE

Did the Department properly deny Petitioner's prior authorization request for upper and lower complete 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 an adult Medicaid beneficiary. (Exhibit A, p. 8)
2. On February 11, 2020, Petitioner's dental provider sought prior approval for upper and lower complete dentures. The dental provider indicated this would be the initial placement of upper and lower prostheses. (Exhibit A, p. 8)

3. Beneficiary reports shows that Petitioner received upper and lower complete dentures with a date of service of [REDACTED] 2016. At that time, Petitioner was enrolled in Medicaid Health Plan (MHP), Molina Healthcare. (Exhibit A, pp. 9-10; Medicaid Utilization Analyst Testimony)
4. The Department denied the February 11, 2020, prior authorization request for upper and lower complete dentures because Petitioner was shown to have received upper and lower dental prostheses within the last five years. (Exhibit A, pp. 6-7; Medicaid Utilization Analyst Testimony)
5. On April 9, 2020, the Department sent Petitioner a Notice of Denial indicating the request for upper and lower complete dentures was denied. (Exhibit A, pp. 6-7)
6. On May 1, 2020, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, p. 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, (April 1, 2020), p. 4.

Under the 6.6 Prosthodontics (Removable), the Medicaid Provider Manual 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.

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.)

MDHHS Medicaid Provider Manual,
Dental Section, (April 1, 2020), pp. 20-21
(Underline added by ALJ)

On February 11, 2020, Petitioner's dental provider sought prior approval for upper and lower complete dentures. The dental provider indicated this would be the initial placement of upper and lower prostheses. (Exhibit A, p. 8) However, beneficiary reports show that Petitioner received upper and lower complete dentures with a date of service of [REDACTED] 2016, from a different dental provider. (Exhibit A, pp. 9-10; Medicaid Utilization Analyst Testimony) Accordingly, the Department denied the February 11, 2020, prior authorization request for upper and lower complete dentures because Petitioner was shown to have received upper and lower dental prostheses within the last five years. (Exhibit A, pp. 6-7; Medicaid Utilization Analyst Testimony)

Petitioner states that she did not receive dentures in 2016; Medicaid was wrongly billed; and the payment has been reversed. Petitioner has already worked with the Medicaid fraud hotline, the prior dental provider, and Delta Dental. (Exhibit A, p. 5; Petitioner and Husband Testimony)

The Medicaid Utilization Analyst noted that Petitioner was enrolled in a Medicaid Health Plan (MHP), Molina Healthcare, at the time of the September 16, 2016, date of service. (Medicaid Utilization Analyst Testimony) It appears that Molina Healthcare may have utilized Delta Dental for the dental benefit. If she has not already done so, Petitioner may wish to contact Molina Healthcare regarding having the claim history updated for the [REDACTED] 2016, date of service due to the payment being returned. Petitioner's current dental provider could then re-submit their prior authorization request for the complete dentures.

On review, the Department's decision to deny the February 11, 2020, prior authorization request for upper and lower complete dentures was in accordance with the above cited policy. The information available to the Department showed that Petitioner previously received upper and lower complete dentures on [REDACTED] 2016. (Exhibit A, pp. 9-10) Under the above cited MPM policy, Petitioner was not eligible for the requested upper and lower complete dentures because it had been less than five years since the

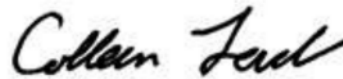
last upper and lower dental prostheses were provided based on the available information at that time.

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 February 11, 2020, prior authorization request for upper and lower complete dentures based on the available information at that time.

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

Gretchen Backer
400 S. Pine, 6th Floor
PO Box 30479
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DHHS Department Rep.

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Petitioner

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