



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 22, 2020
MOAHR Docket No.: 20-003109
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 June 24, 2020. [REDACTED] the Petitioner, appeared on her own behalf. John Lambert, Appeals Review Officer, represented the Department of Health and Human Services (Department). Kim Hanson, 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 upper and lower partial 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 Medicaid beneficiary, born [REDACTED] 1956. (Exhibit A, p. 12)
2. On March 6, 2020, the Department received a prior authorization request for upper and lower partial dentures from Petitioner's dentist. (Exhibit A, pp. 12-15; Medicaid Utilization Analyst Testimony)

3. The Department determined that Petitioner did not qualify for the requested partial dentures because she has eight posterior teeth in occlusion, i.e. back teeth that bite together, based on the information provided by the dentist. (Exhibit A, pp. 9-15; Medicaid Utilization Analyst Testimony)
4. On May 11, 2020, the Department sent Petitioner a Notice of Denial stating the request for the upper and lower partial dentures 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. 10-11)
5. On May 21, 2020, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, pp. 5-8)

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 PA. Remaining maxillary teeth must be structurally and periodontally sound, with good distribution to support a maxillary partial denture for five years. Providers must assess the beneficiary's general oral health and provide a five-year prognosis for the prosthesis requested. The provider is responsible for discussing the treatment plan with the beneficiary, including any applicable

frequency limits and other pertinent information related to the proposed services. Documentation of the beneficiary's agreement with the proposed treatment plan must be retained in the beneficiary's dental record.

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 March 6, 2020, the Department received a prior authorization request for upper and lower partial dentures from Petitioner's dentist. (Exhibit A, pp. 12-15; Medicaid Utilization Analyst Testimony) The Department determined that Petitioner did not qualify for the requested partial dentures because she has eight posterior teeth in occlusion, i.e. back teeth that bite together, based on the information provided by the dentist. (Exhibit A, pp. 9-15; Medicaid Utilization Analyst Testimony) Accordingly, on May 11, 2020, the Department sent Petitioner a Notice of Denial stating the request for the upper and lower partial dentures 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). (Exhibit A, pp. 10-11)

The Medicaid Utilization Analyst noted that if Petitioner were to lose any additional teeth in the future, she may wish to have a new prior authorization requested submitted as there is a good chance she would qualify. (Medicaid Utilization Analyst Testimony)

Petitioner explained that she has been without teeth for a long time and is having problems with her jaw joint. Petitioner's bite is off and her stomach is having to work harder, causing ulcers and stomach pain. Petitioner was told that if she sent a letter in an exception might be made due to what is going on with her health. Petitioner was told that her dental has a lot to do with what is happening. Petitioner takes medications every day for acid reflux. Petitioner has 3 or 4 ulcers. Petitioner was told that part of that was because she is not chewing correctly. Petitioner has diverticulitis. Petitioner has a lot of pain in her jaw joint because the back teeth are moving. Petitioner also clarified that she does not want any lower denture because she is only missing one

tooth down there. (Exhibit A, p. 5; Petitioner Testimony)

However, for the March 6, 2020, prior authorization request, Petitioner's dentist did not indicate there was any other pertinent dental or medical history. (Exhibit A, p. 12) Accordingly, the Department did not have any additional medical information to consider a medical exception for this prior authorization request. Further, the Medicaid Utilization Analyst confirmed that a new prior authorization request could be submitted by Petitioner's dentist with a letter from Petitioner's doctor, on the doctor's letterhead, explaining why the requested partial denture is critical to the active treatment of specific, current medical condition(s). (Medicaid Utilization Analyst Testimony)

While this ALJ is sympathetic to Petitioner's circumstances, the above cited policy does not allow for coverage of the requested partial dentures given the evidence presented in this case. There is no authority for this ALJ to change or make any exception to the Department's policy. The Department provided sufficient evidence that Petitioner has eight posterior teeth in occlusion and she is not missing any front teeth based on the information submitted by the dentist. No additional medical information was provided with this prior authorization request. (Exhibit A, pp. 12-15) Therefore, the Department's denial of the March 6, 2020, prior authorization request for upper and lower partial dentures must be upheld because it was in accordance with Department policy based on the information available to the Department at that time.

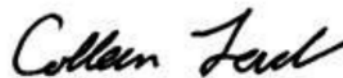
DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied Petitioner's March 6, 2020, request for prior authorization for upper and lower partial dentures 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

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]
[REDACTED] MI [REDACTED]

Agency Representative

John Lambert
PO Box 30807
Lansing, MI 48909