



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 13, 2021
MOAHR Docket No.: 20-007356
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 January 7, 2021. Petitioner appeared on his own behalf. Leigha Burghdoff, Appeals Review Officer, appeared on behalf of the Respondent, the Department of Health and Human Services (Department). Kim Hanson, 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?

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 Medicaid beneficiary, born [REDACTED] 1958. (Exhibit A, p 7.)
2. On or around June 14, 2017, Medicaid funds were used to purchase the placement of dentures for Petitioner. (Exhibit A, p 14; Testimony.)
3. On November 13, 2020, Destiny Dental, submitted on behalf of Petitioner a prior authorization request for complete upper and lower dentures. (Exhibit A, p 13; Testimony.)
4. On November 19, 2020, the Department sent the Petitioner a notification of

denial indicting the prior authorization request was denied. The reason for the denial was that complete or partial dentures are not authorized when a previous prosthesis had been provided within the prior 5 years. (Exhibit A, pp 11-12; Testimony.)

5. On December 1, 2020, the Department sent the Petitioner a notification of denial indicting the prior authorization request was denied. The reason for the denial was that complete or partial dentures are not authorized when a previous prosthesis had been provided within the prior 5 years. (Exhibit A, pp 9-10; Testimony.)
6. On December 3, 2020, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, pp 5-6.)

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.¹

Under the general policy instructions for Medicaid related dental services the MPM sets replacement schedules for denture repair and replacement:

6.6.A. 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 maxillary teeth.

Complete or partial dentures are authorized when one or more of the following conditions exist:

- One or more anterior teeth missing;

¹ Medicaid Provider Manual, Practitioner Chapter, July 1, 2020, p 4.

- There are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth); or

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.²

The Department's witness stated Petitioner's Prior Authorization request was denied, because dentures had been provided and paid for within the prior 5 years.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying his Prior Authorization request. The Petitioner indicated his dentures were stolen but that he could not file a police report because it was deemed a "civil" matter. The Department indicated an exception could be made if a police report were to be furnished explaining the loss. In this case, a police report was not furnished. Petitioner is encouraged to follow up with the police department regarding the missing item.

² Medicaid Provider Manual, Dental Chapter, July 1, 2020, pp 20-21.

As described above, the Department's witness properly identified the reason why Petitioner's request was denied, and this reason establishes a sufficient basis for the denial in this case. Accordingly, the Department's decision must be affirmed.

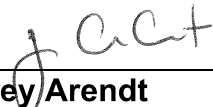
DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied the Petitioner's request for complete upper and lower dentures.

IT IS, THEREFORE, ORDERED that:

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

CA/dh



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 [REDACTED]

Agency Representative

Leigha Burghdoff
P.O. Box 30807
Lansing, MI 48909