



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

Date Mailed: August 1, 2022
MOAHR Docket No.: 22-002625
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200, *et seq.*, and upon a Request for Hearing filed by Petitioner.

After due notice, a telephone hearing was held on July 26, 2022. Petitioner appeared and testified on her own behalf. Emily Piggott, Appeals Review Officer, represented the Respondent, Michigan Department of Health and Human Services (DHHS or Department). Carolyn Malhoit, Medicaid Utilization Analyst, testified as a witness for the Department.

During the telephone hearing, the Department submitted one evidence packet/exhibit that was admitted into the record as Exhibit A, pages 1-15. Petitioner did not submit any proposed exhibits.

ISSUE

Did the Department properly deny Petitioner's prior authorization request for a complete upper 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. On May 31, 2022, the Department received a prior authorization request for a maxillary partial denture submitted on Petitioner's behalf by Destiny Dental. (Exhibit A, page 10).
2. On June 14, 2022, the Department sent Petitioner written notice that the prior authorization request for the lower denture was approved. (Exhibit A, pages 6-7).
3. On June 14, 2022, the Department sent Petitioner written notice that the prior authorization request for the upper denture had been denied. (Exhibit A, pages 8-9).

4. With respect to the reason for the denial, the notice stated:

The policy this denial is based on is Section 6.6.A of the Dental chapter of the Medicaid Provider Manual. Specifically:

- Policy 6.6.A. General Instructions. Complete or partial dentures are not authorized when Medicaid or Medicaid Managed Care has provided a denture in the same arch within five years. An upper partial denture was placed on 9/25/2018 per the MDHHS database.

Exhibit A, page 8.

5. On June 22, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received the Request for Hearing filed in this matter regarding that denial. (Exhibit A, page 4).

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 statutes, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Medicaid covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM) and, in part, the applicable version of the MPM states:

6.6 PROSTHODONTICS (REMOVABLE)

6.6.A. GENERAL INSTRUCTIONS [CHANGE MADE 4/1/22]

Complete dentures, immediate complete dentures, and partial dentures are benefits for all beneficiaries and require PA. Complete or partial dentures are prior 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).

Providers must assess the beneficiary's general oral health and provide a five-year prognosis for the complete or partial denture requested. The provider is expected to evaluate whether the treatment is appropriate for the individual beneficiary, and assess the probability of delivering removable dentures and the beneficiary's compliance with follow-up care.

It is the provider's responsibility to discuss the treatment plan with the beneficiary, including any applicable frequency limits and other pertinent information related to the proposed services, and obtain the beneficiary's agreement with the proposed treatment plan. Documentation of the beneficiary's agreement must be retained in the beneficiary's dental record.

Full mouth/complete series radiographs must be submitted with PA requests for partial dentures. Radiographs are not required to be submitted with PA requests for complete dentures.

Providers should not send radiographs with PA requests for complete or partial dentures. Radiographs that are not specifically requested by MDHHS may not be returned to the provider. **(revised per bulletin MSA 21-44)** MDHHS reserves the right to request radiographs if necessary. The following information must be submitted with the MSA-1680-B:

- The appropriate CDT code(s) for the service(s) requested.
- Completed tooth chart documenting missing teeth and teeth that will be extracted.
- Documentation of the soundness of the remaining teeth, if applicable.
- Five-year prognosis for the denture.
- Any pertinent health information (e.g., co-existing health conditions, pregnancy, etc.) that may impact the proposed treatment plan.

PA determinations are made based on review of the documentation submitted and do not guarantee reimbursement. The dentist is responsible for ensuring the completeness and accuracy of all documentation and tooth charting submitted with a PA request. Documentation errors resulting in improper payments may be subject to recovery of reimbursement by MDHHS regardless of authorization.

The following documentation must be retained in the beneficiary's dental record and made available to MDHHS upon request:

- Beneficiary understanding and agreement that another denture is not a covered benefit for five years.
- Beneficiary education addressing all available treatment options and documentation of the beneficiary's understanding and agreement.

Before the final impressions are taken for the fabrication of a denture, adequate healing necessary to support the denture must take place following the completion of extractions and/or surgical procedures.

When billing for a complete or partial denture, the date of service is the date the denture was delivered to the beneficiary. Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, duplication, etc. within six months of insertion.

Complete or partial dentures are not authorized when:

- **Medicaid or Medicaid Managed Care has provided a denture in the same arch within five years.**
- An adjustment, reline, repair, or rebase will make the current denture serviceable.

- A complete or partial denture obtained through Medicaid within five years has been lost or broken.

*MPM, April 1, 2022 version
Dental Chapter, pages 22-23
(Emphasis added)
(Internal highlighting omitted).*

Here, the Department's witness testified that Petitioner's prior authorization request for a complete upper denture was denied pursuant to the above policies. Specifically, she noted that the request was denied because, Medicaid or Medicaid managed care had provided a denture within the same arch within the last 5 years. The Department provided a "Beneficiary Report" that showed a upper partial denture was placed on September 25, 2018. (Ex. A, p. 12)

In response, Petitioner testified that she has lost additional teeth on her upper and her previous denture is cracked and unusable. Ms. Malhoit advised that her previous denture could be modified and repaired and those adjustments are covered.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying her prior authorization request. Moreover, the undersigned Administrative Law Judge is limited to reviewing the Department's decision in light of the information available at the time the decision was made.

Given the record and applicable policies in this case, Petitioner has failed to meet her burden of proof and the Department's decision must therefore be affirmed. The above policy expressly provides that dentures are not authorized when a denture was provided in the same arch within the last 5 years.

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 prior authorization request.

IT IS THEREFORE ORDERED that:

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

AM/dh



Aaron McClintic
Administrative Law Judge

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

Via Electronic Mail:

DHHS Department Contact

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

**MDHHS-PRD-
Hearings@michigan.gov**

DHHS Department Rep.

M. Carrier
MDHHS Appeals Section
P.O. Box 30807
Lansing, MI 48909
MDHHS-Appeals@michigan.gov

Agency Representative

Emily Piggott
MDHHS Appeals Section
P.O. Box 30807
Lansing, MI 48909
MDHHS-Appeals@michigan.gov

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]