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Date Mailed: February 10, 2023
MOAHR Docket No.: 23-000024
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 8, 2023. Petitioner appeared on her own behalf. John Lambert, Appeals Review Officer, appeared on behalf of the Respondent, the Michigan Department of Health and Human Services (Department). Dianne Redford, Medicaid Utilization Agent, 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 an upper partial 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. Petitioner is a Medicaid beneficiary. (Exhibit A, p 8; Testimony.)

2. On June 28, 2015, Petitioner received a set of upper and lower partial dentures. The dentures were paid for by a health plan. (Exhibit A, p 26; Testimony.)

3. On or around October 29, 2022, Nalliah, Romesh, submitted to the Department, a prior authorization request for upper and lower partial dentures. (Exhibit A, p 21; Testimony.)

4. On November 28, 2022, the Department sent Petitioner a Notice of Denial and a Notice of Amended Authorization. The notices indicated the Petitioner's request for an upper partial denture was denied due to a five-year rule but that an upper partial denture would be approved. (Exhibit A, p 10; Testimony.)

5. On January 3, 2023, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A, pp 4-12.)

6. On January 20, 2023, the Department sent Petitioner a Corrected Notice of Denial. The notice indicated the Petitioner's request for upper partial dentures was denied due to the Petitioner having 8 or more teeth in occlusion with the placement of the lower partial dentures. (Exhibit A, p 19; Testimony.)

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.

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

> **SECTION 2 – PRIOR AUTHORIZATION**
>
> Prior authorization (PA) is only required for those services identified in the Dental Chapter and the Medicaid Code and Rate Reference tool. (Refer to the Directory Appendix for website information.)
>
> * * *
>
> **2.2 COMPLETION INSTRUCTIONS**
>
> The Dental Prior Approval Authorization Request form (MSA-1680-B) is used to obtain authorization. (Refer to the Forms Appendix for instructions for completing the form.) When requesting authorization for certain procedures, dentists may be required to send specific additional information and materials. Based on the MSA-1680-B and the documentation attached, staff approves or disapproves

> the request and returns a copy to the dentist. Approved requests are assigned a PA number. For billing purposes, the PA number must be entered in the appropriate field on the claim form. An electronic copy of the MSA-1680-B is available on the MDCH website. (Refer to the Directory Appendix for website information.)[1]

The general instructions for Medicaid coverage for complete and partial dentures during the period when the PA request and denial were made are set forth in the following policy from the Medicaid Provider Manual:

> **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 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.

[1] MPM, Dental Chapter, July 1, 2020, p 4.

> 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 upper 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.)[2]

* * *

The Department witness testified that Petitioner's request for upper partial dentures was denied because Petitioner will have 8 or more posterior teeth in occlusion (i.e., biting together) with the approval and placement of the lower partial dentures. Therefore, in accordance with the applicable policy, Petitioner did qualify for upper partial dentures at the time the prior authorization request was processed.

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[2] MPM, Dental Chapter, July 1, 2020, pp 20-21.

Petitioner argued she had received approval for upper and lower partial dentures in the past and didn't understand why they would be denied this time around.

On review, the Department's decision to deny the request for upper partial dentures was reached within policy. The Department must enforce Medicaid policy as written.[3] Based on the information submitted with the prior authorization request, Petitioner would have at least 8 posterior teeth in occlusion with the approval and placement of lower partial dentures. As such, Petitioner is not entitled to an upper partial denture.

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 upper partial dentures.

IT IS THEREFORE ORDERED that:

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

CA/pe

Corey Arendt
Administrative Law Judge
for Elizabeth Hertel, Director
Department of Health and Human Services

[3] Although Petitioner may have received approval in years past, it does not automatically entitle Petitioner to approval years later. There a are a number of reasons why the Petitioner may have been approved in 2015. The policy could have been different, the insurer at the time made a mistake, or even the documentation provided with the earlier request could have included an error.

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
Lansing, MI 48909
MDHHS-PRD-Hearings@michigan.gov

DHHS Department Representative
M. Carrier
Department Community Health
MDHHS
Lansing, MI 48909
MDHHS-Appeals@michigan.gov

Agency Representative
John Lambert
Michigan Department of Health and Human Services
MDHHS Appeals Section
Lansing, MI 48909
LambertJ4@michigan.gov

Via First Class Mail:

Petitioner
[redacted]
[redacted] MI [redacted]