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Date Mailed: March 15, 2023
MOAHR Docket No.: 23-000554
Agency No.: [redacted]
Petitioner: [redacted]

ADMINISTRATIVE LAW JUDGE: Robert J. Meade

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.,* upon Petitioner's request for a hearing.

After due notice, a telephone hearing was held on March 2, 2023. Petitioner, [redacted] appeared and testified on her own behalf. Florence Scott-Emuakpor, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Carolyn Malhoit, Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Petitioner's request for prior authorization (PA) for complete upper and partial lower 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 Medicaid beneficiary. (Exhibit A, p 12; Testimony)

2. On December 9, 2022 and January 10, 2023, Petitioner's dentist sought approval for complete upper and partial lower dentures for Petitioner. (Exhibit A, pp 12, 16; Testimony)

3. Records show that Petitioner was approved for partial upper and lower dentures through Medicaid on September 10, 2019 and October 7, 2021 respectively. (Exhibit A, p 13-14; Testimony)

4. On January 20, 2023, the request for complete upper and partial lower dentures was reviewed and denied because Petitioner was shown to have received dentures within the last five years. (Exhibit A, pp 9-10; Testimony)

5. On January 20, 2023, the Department sent Petitioner a Notice of Denial, including Petitioner's appeal rights. (Exhibit A, pp 9-10; Testimony)

6. On February 2, 2023, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, pp 6-8)

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.

Medicaid Policy in Michigan is found in the Medicaid Provider Manual (MPM). With regard to prior authorizations, it states, in pertinent part:

> **SECTION 2 – PRIOR AUTHORIZATION**
>
> Prior authorization (PA) is required for services identified in this chapter and the Medicaid Code and Rate Reference tool. For questions about medically necessary dental services beyond those described in this chapter, providers should contact the MDHHS Program Review Division (PRD). (Refer to the Directory Appendix for website and contact information.)
>
> * * *
>
> **2.2 COMPLETION INSTRUCTIONS**
>
> The Dental Prior Approval Authorization Request form (MSA-1680-B) is used to obtain authorization. An electronic fill-in enabled version of the MSA-1680-B is available on the MDHHS website. (Refer to the Directory Appendix for website information.)
>
> Providers should use the appropriate CDT code(s) on all PA requests. When requesting medically necessary services for which there is no procedure code, the Not Otherwise Classified (NOC) code is used. Services requested under NOC codes require PA. The MSA-1680-B should only include the procedure(s) that requires PA.
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> * * *
>
> *Medicaid Provider Manual*
> *Dental Chapter*
> *October 1, 2022, p 4*

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

6.6 PROSTHODONTICS (REMOVABLE)

6.6.A. GENERAL INSTRUCTIONS

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. 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.

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6.6.F. RELINES AND REPAIRS

Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, duplication, etc. within six months of insertion. If any necessary adjustments or repairs are identified within six months but are not provided until after six months, no additional reimbursement is allowed for these services.

> After the initial six months, relines or duplications are covered benefits once within a two-year period. Relines may be laboratory-processed or chairside. Relines and adjustments are not payable on the same date of service.
>
> After the initial six months, repairs and adjustments are covered benefits twice in a 12-month period. If more repairs are needed, they are the responsibility of the treating dentist. Repairs for interim partial dentures are not covered.
>
> Within five years of delivery, a dentist is expected to provide the needed services to maintain the existing removable complete or partial denture. This includes extracting teeth, adding teeth to the existing denture, and removing hyperplastic tissue as necessary to restore the functionality of the complete or partial denture.
>
> MDHHS may consider reimbursement for a replacement denture in less than five years when it is more cost-effective to replace the denture than repair it. When submitting the MSA-1680-B for a replacement denture, the provider must provide an explanation of the failure of the current denture and an itemized statement of the repairs needed to make the denture serviceable.
>
> *Medicaid Provider Manual*
> *Dental Chapter*
> *October 1, 2022, pp 22-25*
> *Emphasis added*

The Department's witness testified that Petitioner's request was denied for failure to meet policy requirements for denture replacement on a five-year rotation. According to Department records, Petitioner was approved for a partial upper denture and a lower partial denture through Medicaid on September 10, 2019 and October 7, 2021, respectively.

Petitioner testified that she had 6-7 teeth in her upper arch that the partial denture connected to but when she went to a new dentist, she was told that Medicaid had approved a replacement denture, so she went ahead and had all her upper teeth removed. Petitioner indicated that she did not ask for a lower denture, but the dentist must have put in that request without her knowledge.

In response, the Department's witness indicated that Medicaid will pay for repairs during the 5-year period, including adding teeth to a partial denture to make it a complete denture. The Department's witness suggested that Petitioner take the hearing packet and this decision to her dentist to see what they can do for her as far as repairing and relining the old dentures. The Department's witness also indicated that Petitioner can submit a new request 6 months prior to the expiration of the 5-year period, or in March 2024 for the upper denture.

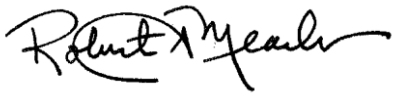
On review, the Department's decision to deny the request for complete upper and partial lower dentures was reached within policy. Petitioner was approved for a partial upper denture and a lower partial denture through Medicaid on September 10, 2019 and October 7, 2021, respectively. As such, Petitioner is not eligible for replacement dentures until September 2024 for the upper denture, although the Department will consider a request filed 6 months before the September 2024 deadline. However, based on the evidence presented and available to the Department at the time the decision was made though, the Department's decision was proper and must be upheld.

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 prior authorization for complete upper and partial lower dentures.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.



RM/sj

Robert J. Meade
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).

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