



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

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Date Mailed: March 9, 2023
MOAHR Docket No.: 23-000671
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Steven Kibit

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 March 8, 2023. Petitioner appeared and testified on her own behalf. Emily Piggott, Appeals Review Officer, represented the Respondent, Department of Health and Human Services (DHHS or Department). Eric Neilson, Section Manager, 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 1-18. Petitioner did not submit any proposed exhibits.

ISSUE

Did the Department properly deny Petitioner's prior authorization request for a complete upper denture and a partial lower 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 November 4, 2021, Petitioner received a complete upper denture and a partial lower denture paid for by the Department. (Exhibit A, page 14; Testimony of Petitioner).
2. On December 20, 2022, the Department received a prior authorization request for a new complete upper denture and partial lower denture submitted on Petitioner's behalf by her dentist. (Exhibit A, page 12).
3. On February 1, 2023, the Department sent Petitioner written notice that the prior authorization request had been denied. (Exhibit A, pages 10-11).

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: Dental Chapter, Section 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 and lower denture were placed on 11/4/2021 per the MDHHS Database.

Exhibit A, page 10

5. On February 9, 2023, the Michigan Office of Administrative Hearings and Rules (MOAHR) received the Request for Hearing filed in this matter regarding that denial. (Exhibit A, pages 4-8).

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 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 [CHANGES MADE 4/1/22 & 10/1/22]

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.

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 reimbursed (revised 10/1/22) 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, October 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 and a lower partial denture was denied pursuant to the above policies. Specifically, he noted that the request was denied because, as established by the Department's records, the Department/Medicaid had provided the same dentures within the past five years.

In response, Petitioner testified that she did receive the dentures in 2021, but that, while the lower denture is fine, the upper denture broke within the few months. She also testified that the dentist attempted to repair the denture, but that it soon broke again, and that Petitioner had to superglue it. Petitioner further testified that she has issues with eating and that it is embarrassing to not have the denture. She also testified that the dentist is willing to try to repair it again, but that any repairs takes a long time and that it will probably just break again.

The Department's witness then testified that repairs could be covered. He also testified that Petitioner and her dentist could submit a new request for dentures along with all the information she gave today, but there was nothing about those issues in the prior authorization request, with Petitioner's dentist indicating that it was an initial placement.

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 complete or partial dentures are not authorized when a previous denture has been reimbursed for in the same arch within five years, and it is undisputed in this case that Petitioner had dentures in the same arches that were reimbursed for by the Department within the five years preceding her current request. Moreover, while Petitioner testified regarding issues with her upper denture, that information was not included as part of the information submitted to the Department, with the dentist improperly indicating that the dentures would be an initial placement.

As discussed during the hearing, to the extent Petitioner has additional or updated information to provide regarding her need for dentures, she can always have another prior authorization request submitted along with that information. With respect to the decision at issue in this case, however, the Department's decision must be affirmed given the information available at the time the decision was made.

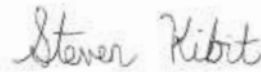
DECISION AND ORDER

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**.

SK/sj



Steven Kibit
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).

Via Electronic Mail:

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