



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 6, 2020
MOAHR Docket No.: 19-012700
Agency No.: ██████████
Petitioner: ██████████

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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 28, 2020. ██████████, the Petitioner, appeared on her own behalf. Theresa Root, Appeals Review Officer, represented the Department of Health and Human Services (Department). Heather Beavers, Medicaid Utilization Analyst, appeared as a witness for the Department.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-12.

ISSUE

Did the Department properly deny Petitioner's request for prior authorization for a lower 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 ██████-year-old Medicaid beneficiary, born ██████████ 1948. (Exhibit A, p. 10)
2. On September 18, 2019, the Department received a prior authorization request for a complete upper denture and a lower partial denture from Petitioner's dentist. (Exhibit A, p. 10)

3. On October 7, 2019, the Department approved the upper complete denture, and denied the lower partial denture. The Department determined that with the upper complete denture in place, Petitioner will have eight posterior teeth in occlusion, i.e. back teeth that bite together, based on the information provided by the dentist. (Exhibit A, pp. 6-10; Medicaid Utilization Analyst Testimony)
4. On October 8, 2019, the Department sent Petitioner a Notice of Amended Authorization stating the upper complete denture was approved and the lower partial denture was denied. (Exhibit A, pp. 6-7)
5. On October 8, 2019, the Department sent Petitioner a Notice of Denial stating the request for the lower partial denture was denied based on the policy that complete or partial dentures are authorized when there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth). Petitioner was further advised of her appeal rights. (Exhibit A, pp. 8-9)
6. On December 2, 2019, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, p. 4)

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.

MDHHS Medicaid Provider Manual, Practitioner
Section, (October 1, 2019), p. 4.

Under the 6.6 Prosthodontics (Removable), the Medicaid Provider Manual sets forth criteria for authorizing complete or partial dentures:

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 maxillary 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.

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 complete 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.)

MDHHS Medicaid Provider Manual,
Dental Section, (October 1, 2019), pp. 20-21
(Underline added by ALJ)

On September 18, 2019, the Department received a prior authorization request for a complete upper denture and a lower partial denture from Petitioner's dentist. (Exhibit A, p. 10) On October 7, 2019, the Department approved the upper complete denture, and denied the lower partial denture. The Department determined that with the upper complete denture in place, Petitioner will have eight posterior teeth in occlusion, i.e. back teeth that bite together, based on the information provided by the dentist. (Exhibit A, pp. 6-10; Medicaid Utilization Analyst Testimony) Accordingly, on October 8, 2019, the Department sent Petitioner a Notice of Denial stating the request for the lower partial denture was denied based on the policy that complete or partial dentures are authorized when there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth). Petitioner was further advised of her appeal rights. (Exhibit A, pp. 8-9)

Petitioner explained that she had a tooth removed and the bridge she got around 2013 no longer fits properly on her bottom teeth. The tooth was removed in 2018 or 2019, prior to the dentist completing this prior authorization request in September 2019. Petitioner described the problems the bridge now causes because it moves and there are prongs. For example, a prong rubbing against her gum and cutting it, or a prong catching food. Food also gets caught in the space there, which is uncomfortable. It is embarrassing to move your teeth around and try to get it out when eating in public. If salt gets caught under there it is very painful. Sometimes the bridge comes completely out when eating. (Exhibit A, p. 4; Petitioner Testimony)

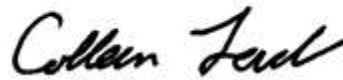
While this ALJ is sympathetic to Petitioner's circumstances, the above cited policy does not allow for coverage of the requested lower partial denture given the evidence presented in this case. There is no authority for this ALJ to change or make any exception to the Department's policy. The Department provided sufficient evidence that with the approved upper complete denture in place, Petitioner has eight posterior teeth in occlusion and she is not missing any front teeth based on the information submitted by the dentist. (Exhibit A, p. 10) Therefore, the Department's denial of the September 18, 2019, prior authorization request for the lower partial denture must be upheld because it was in accordance with Department policy.

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 a lower partial denture based on the available information.

IT IS, THEREFORE, ORDERED that:

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



CL/dh

Colleen Lack
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
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Agency Representative

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