



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
MI [REDACTED]

Date Mailed: February 19, 2020  
MOAHR Docket No.: 19-012881  
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 11, 2020. Petitioner appeared on her own behalf. Allison Pool, Appeals Review Officer, appeared on behalf of the Department of Health and Human Services (Department). Heather Beavers, Medicaid Utilization Analyst, 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 dental implants?

**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 [REDACTED]-year-old Medicaid beneficiary, born [REDACTED] 1979. (Exhibit A, p 10; Testimony.)
2. Petitioner has Fee-For-Service (FFS) Medicaid. (Exhibit A, p 18; Testimony.)
3. On or around May 3, 2017, Petitioner was approved for complete upper and lower dentures. At the time of approval, Petitioner's treating dentist indicated Petitioner had a good 5-year prognosis. (Exhibit A, p 28; Testimony.)

4. November 19, 2019, Muskegon Family Care Dental, submitted to the Department, two separate prior authorization requests for dental implants with provider codes D5811, D6010, D6051, D6115, and D6056. (Exhibit A, pp 12, 15; Testimony.)
5. Medicaid does not have a provider code for 6051 and Provider Codes D5811, D6010, D6115 and D6056 are a Medicaid covered benefit for Children Special Health Care Services. (Exhibit A, pp 21-23; Testimony.)
6. On December 4, 2019, the Department sent Petitioner two separate Notices of Denial. Both notices indicated the prior authorization requests for dental implants were denied on the basis that the procedure codes are not a covered benefit for Petitioner. (Exhibit A, pp 10-11; Testimony.)
7. On December 16, 2019, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A, pp 8-9.)

## **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:

### **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. . . .

*Medicaid Provider Manual  
Practitioner Chapter  
October 1, 2019, p 4*

Under the general policy instructions for Medicaid related dental services the MPM provides the following:

### **6.6.E. INTERIM COMPLETE & PARTIAL DENTURES**

Interim complete dentures are authorized only in very unusual situations. For beneficiaries under the age of 16, Interim partial dentures (sometimes called a “stay-plate”) to replace anterior teeth are authorized. The provider must submit justification and explanation of proposed future treatment with the PA request.

### **8.2.C. IMPLANT SERVICES**

Dental implants, surgical guides and occlusal guards are covered for CSHCS beneficiaries who have a qualifying diagnosis of anodontia or traumatic injury to the dental arches, and standard restorative treatment is contraindicated.

*Medicaid Provider Manual  
Dental Chapter  
October 1, 2019, pp 22-29.*

The Department witness testified that Petitioner's request was denied for failure to meet policy requirements for implants as the Petitioner does not receive Children's Special Health Care Services.

Petitioner testified that she requires the implants and that she shouldn't have to blend her food in order to eat it. The documentation provided a couple of letters from treating health professionals wherein the professionals recommended implants.

The Department correctly pointed out that the letters recommend the implants without providing additional evidence to substantiate the recommendation. As a result, the recommendations carry very little weight in the absence of additional evidence.

Accordingly, I find sufficient evidence to affirm the Departments decision to deny the request for dental implants.

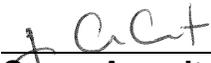
### **DECISION AND ORDER**

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 dental implants.

**IT IS THEREFORE ORDERED** that:

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

CA/sb

  
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**Corey Arendt**  
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  
400 S. Pine, 6th Floor  
PO Box 30479  
Lansing, MI  
48909

**DHHS Department Rep.**

M. Carrier  
Appeals Section  
PO Box 30807  
Lansing, MI  
48933

**Petitioner**

[REDACTED]  
MI

**Agency Representative**

Allison Pool  
222 N Washington Square  
Suite 100  
Lansing, MI  
48933