

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
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[REDACTED] MI [REDACTED]

Date Mailed: August 19, 2020
MOAHR Docket No.: 20-004623
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jeffrey Kemm

DECISION AND ORDER

On July 20, 2020, Petitioner, [REDACTED], requested a hearing to dispute a prior authorization denial. This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 42 CFR 431.200 *et seq.*, and Mich Admin Code: R 792.11002. After due notice, a telephone hearing was held on August 18, 2020. Petitioner's mother, [REDACTED], appeared and represented Petitioner. Respondent, Department of Health and Human Services (Department), had Florence Scott-Emuakpor, Appeals Review Officer, appear as its representative. Respondent had one witness, Dianne Redford, Medicaid Utilization Analyst. Neither party had any additional witnesses.

One exhibit was admitted into evidence during the hearing. A 23-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

ISSUE

Did the Department properly deny Petitioner's request for prior authorization for comprehensive orthodontic treatment?

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.
2. On June 14, 2017, Dr. James Stenger requested prior authorization for comprehensive orthodontic treatment for Petitioner.

3. The Department approved Dr. Stenger's prior authorization request and paid for the services on April 4, 2018.
4. On June 15, 2020, Dr. James Stenger requested prior authorization for comprehensive orthodontic treatment for Petitioner again.
5. The Department reviewed the prior authorization request and determined that it had already granted prior authorization for comprehensive orthodontic treatment for Petitioner and paid for the services.
6. On July 6, 2020, the Department mailed a notice of denial to Petitioner to notify her that Dr. Stenger's prior authorization request was denied.
7. On July 22, 2020, Petitioner requested a hearing to dispute the denial.

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.

The Medicaid Provider Manual states, "Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of prior authorization is to review the medical need for certain services." *MDHHS Medicaid Provider Manual* (April 1, 2020), Practitioner Chapter, Section 1.9, p. 4. Prior authorization is required for orthodontics. *Id.* at Dental Chapter, Section 8.2.A, p. 26-27.

In this case, Petitioner's provider requested prior authorization for comprehensive orthodontic treatment for Petitioner. This request was submitted after the Department had already granted prior authorization and paid for the same treatment. The Department denied the prior authorization request because the Department determined that it could only approve the service once for Petitioner. Petitioner disagrees with the Department's denial.

The relevant policy states:

Comprehensive orthodontic treatment codes are used when multiple phases of treatment are provided at different stages of orofacial development. Comprehensive orthodontic treatment services are covered for a lifetime maximum of six years, with each phase of treatment covered for up to two years. There is an initial reimbursement for each stage, with a maximum allowable amount within the two-year period.

The submission of the first PA request for comprehensive orthodontic treatment should list the appropriate procedure code and the banding/start date of treatment.

Comprehensive orthodontic procedure codes are used in the first stage of each comprehensive treatment phase. . . . An initial payment is made with a claim submission using the comprehensive orthodontic procedure code and the banding insertion date as the DOS. Subsequent payments are made bi-annually using the periodic orthodontic treatment procedure code.

Id. at Dental Chapter, Section 8.2.A, p. 28.

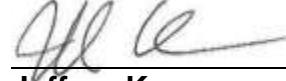
Pursuant to the relevant policy, orthodontic treatment is covered a maximum of one time per eligible beneficiary. Comprehensive orthodontic treatment covers up to the first two years of treatment, and periodic orthodontic treatments follow the comprehensive orthodontic treatment. Since orthodontic treatment is covered a maximum of one time per eligible beneficiary and since comprehensive orthodontic treatment is the initial phase of orthodontic treatment, comprehensive orthodontic treatment can only be covered a maximum of one time per eligible beneficiary. Since Petitioner had previously received coverage for comprehensive orthodontic treatment, the Department properly denied Petitioner's request for prior authorization.

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.

IT IS ORDERED THAT the Department's decision is **AFFIRMED**.

JK/dh



Jeffrey Kemm

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

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Petitioner

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