



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED] MI [REDACTED]

Date Mailed: November 20, 2020
MOAHR Docket No.: 20-004626-RECON
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.

On July 27, 2020, the Michigan Office of Administrative Hearings and Rules (MOAHR), received from Petitioner, a request for hearing concerning a denture denial. On August 19, 2020, a hearing took place regarding the July 27, 2020 request for hearing. On August 20, 2020, following the hearing, a Decision and Order was issued affirming the Respondent's decision to deny a prior authorization request for complete upper and lower dentures.

On September 8, 2020, MOAHR, received from Petitioner, a request for hearing/reconsideration. The request included documentation from DentaQuest regarding the denial of a prior denture placement. The documents were not part of the August 19, 2020 hearing. Consequently, on October 1, 2020, an Order was issued granting Petitioner's request for rehearing.

On October 14, 2020, a Notice of Telephone Hearing was issued scheduling a hearing for November 18, 2020. The November 18, 2020, hearing proceeded as scheduled. Petitioner appeared at the hearing on her own behalf. Leigh Burghdoff, Appeals Review Officer, appeared on behalf of the Respondent, the Department of Health and Human Services (Department). Dianne Redford, Medicaid Utilization Analyst, appeared as a witness for the Department.

To avoid unnecessary delay and duplication of the record, the parties agreed to incorporate by reference the testimony and exhibits made part of Docket No 20-004626.

Exhibits:

Petitioner	None
Department	A – Hearing Summary ¹

¹ Admitted on August 19, 2020 as part of Docket No 20-004626.

B – Second Hearing Summary²
C – Beneficiary Report³

ISSUE

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

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, born [REDACTED] 1953. (Exhibit A, p 6.)
2. On or around January 17, 2017, Shelby Dental Center, billed Petitioner's Healthy Michigan Plan Provider (Meridian) for lower and upper partial dentures. (Exhibit A, p 11; Testimony.)
3. On or around June 29, 2020, Detroit Mercy Dental School, submitted on behalf of Petitioner a prior authorization request for complete upper and lower dentures. (Exhibit A, p 9; Testimony.)
4. On July 9, 2020, the Department sent the Petitioner a notification of denial indicating the prior authorization request was denied. The reason for the denial was that complete or partial dentures are not authorized when a previous prosthesis had been provided within the prior 5 years. (Exhibit A, pp 7-8; Testimony.)
5. On July 27, 2020, the Michigan Office of Administrative Hearing and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, p 5.)

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.

² Admitted on November 18, 2020.

³ Admitted on November 18, 2020. Page 11 of Exhibit A and page 17 of Exhibit B were illegible. Exhibit C was admitted as a legible copy of pages 11 and 17.

The purpose of PA is to review the medical need for certain services.⁴

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

6.6.A. GENERAL INSTRUCTIONS

Complete and partial dentures are benefits for all beneficiaries. All dentures require 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 missing;
- There are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth); or

Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, and duplications within six months of insertion. This includes such services for an immediate upper denture when authorized.

If a complete or partial denture requires an adjustment, reline, repair, or duplication within six months of insertion, but the services were not provided until after six months of insertion, 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 duplication will make them serviceable.

⁴ Medicaid Provider Manual, Practitioner Chapter, January 1, 2020, p 4.

- Replacement of a complete or partial denture that has been lost or broken beyond repair is not a benefit within five years, whether or not the existing denture was obtained through Medicaid.⁵

The Department's witness stated Petitioner's Prior Authorization request was denied, because partial upper and lower dentures had been provided and paid for within the prior 5 years. The Department's witness also addressed Petitioner's documents from DentaQuest. The Department indicted the documents were not Department forms and do reflect a 2017 denture denial. The witness went on to indicate that regardless of these forms, their system still shows the dentures were paid for.⁶ The witness went on to indicate the Petitioner should call the Medicaid Fraud Hotline and report this issue by calling (855) 643-7283.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying her Prior Authorization request. In the August 19, 2020 hearing, Petitioner indicated she had never received dentures and that this was a mistake or that there was fraud at play. The Petitioner failed to present any evidence to corroborate her statements and is encouraged to follow up with the fraud hotline provided during the hearing. During the November 18, 2020 hearing, Petitioner indicated if she did not have her teeth extracted, she would die and shortly thereafter disconnected from the conference line and did not call back in. The hearing then resumed in the absence of the Petitioner.

As described above, the Department's witness properly identified the reason why Petitioner's request was denied, and this reason establishes a sufficient basis for the denial in this case. Accordingly, the Department's decision must be affirmed.

⁵ Medicaid Provider Manual, Dental Chapter, July 1, 2020, pp 20-21.

⁶ See Exhibit C.

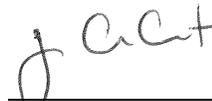
DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that Department properly denied the Petitioner's request for complete lower and upper dentures.

IT IS, THEREFORE, ORDERED that:

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

CA/dh



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]
[REDACTED] MI [REDACTED]

Agency Representative

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