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Date Mailed: December 18, 2020  
MOAHR Docket No.: 20-006812  
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 December 15, 2020. Petitioner appeared on her own behalf. Leigha Burghdoff, Appeals Review Officer, appeared on behalf of the Respondent, the Michigan Department of Health and Human Services (Department). Carolyn Malhoit, 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?

**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] 1956. (Exhibit A, p 8.)
2. Prior to July 23, 2020, Department had approved Petitioner for dentures with a provider other than Cherry Health Barry Community. (Testimony.)
3. On or around July 23, 2020, Cherry Health Barry Community, submitted on behalf of Petitioner, a prior authorization request for dentures. (Exhibit A, p 12; Testimony.)

4. On August 5, 2020, Department sent Barry Community Health Center, a request for additional information. The request specifically stated the following:

Submit a completely new prior authorization request form MSA-1680-B (Rev. 11/18) with radiographs attached and include a signed and dated letter from the beneficiary stating their choice of provider for dental services. There is a current treatment plan with a different provider. (Exhibit A, p 14.)

5. On September 16, 2020, Cherry Health Barry Community, submitted on behalf of Petitioner, a second prior authorization request for dentures. The request did not include a letter from the beneficiary stating their choice of provider for dental services. (Exhibit A, pp 14-15; Testimony.)
6. On September 30, 2020, the Department sent the Petitioner a notification of denial indicating the prior authorization request was denied. The reason for the denial was that the provider failed to provide with the request the additional information requested; specifically, the signed and dated letter from the beneficiary stating their choice of provider for dental services. (Exhibit A, pp 8-9; Testimony.)
7. On October 14, 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.

### **2.2 COMPLETION INSTRUCTIONS**

The Dental Prior Approval Authorization Request form (MSA-1680-B) is used to obtain authorization. (Refer to the Forms Appendix for instructions for completing the form.) When requesting authorization for certain procedures, dentists may be required to send specific additional information and materials. Based on the MSA-1680-B and the documentation attached, staff reviews and makes an authorization determination. Approved requests are assigned a PA number and notification is sent to the provider. For billing purposes, the PA number must be entered in the appropriate field on the claim form. An electronic copy of the MSA-1680-B is available on the

MDHHS website. (Refer to the Directory Appendix for website information.).<sup>1</sup>

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The Department's witness stated Petitioner's Prior Authorization request failed to include the additional information requested, and as a result, they could not approve the request. The witness indicated additional information was requested as the result of Petitioner having an open approval with a different Provider and clarification of Petitioner's intent was needed.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying her Prior Authorization request. To meet this burden, Petitioner argued she met the eligibility requirements for dentures and had provided a written authorization as requested. Besides Petitioner's own testimony, the record is void of any evidence showing Petitioner provided the additional information as requested.

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.

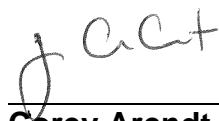
### **DECISION AND ORDER**

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

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<sup>1</sup> Medicaid Provider Manual, Dental Chapter, October 1, 2020, p 4.

**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**

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**Agency Representative**

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