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

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

MI ████████

Date Mailed: December 11, 2020
MOAHR Docket No.: 20-006813
Agency No.: ████████
Petitioner: ████████

ADMINISTRATIVE LAW JUDGE: Robert J. Meade

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.,* upon Petitioner's request for a hearing.

After due notice, a hearing was held on December 10, 2020. Petitioner appeared and testified on her own behalf. John Lambert, Appeals Review Officer, represented Respondent, Michigan Department of Health and Human Services (Department). Erica Titov, Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

> Did the Department properly deny Petitioner's request for prior authorization (PA) for upper partial dentures?

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 ████ 1981. (Exhibit A, p 13; Testimony)

2. On October 2, 2020, Petitioner's dentist sought approval for partial upper and partial lower dentures for Petitioner. (Exhibit A, p 13; Testimony)

3. On October 19, 2020, the request for partial lower dentures was approved, but the request for partial upper dentures was denied because, with the placement of the partial lower dentures, Petitioner had 8 posterior (back) teeth in occlusion (i.e. biting together). Petitioner is also not missing any anterior (front) teeth. (Exhibit A, p 13; Testimony)

4. On October 19, 2020, the Department sent Petitioner a Notice of Amended Authorization and a Notice of Denial indicating that Petitioner's

request for partial lower dentures was approved, but that the request for partial upper dentures was denied. Petitioner was further advised of her appeal rights. (Exhibit A, pp 9-12; Testimony)

5.   On November 4, 2020, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit 1)

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.

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

SECTION 2 – PRIOR AUTHORIZATION

Prior authorization (PA) must be obtained for certain services identified in this chapter and those dental services identified as requiring PA in the MDCH Dental Database posted on the MDCH website. (Refer to the Directory Appendix for website information.) A PA request is needed only for those services requiring PA.

* * *

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 approves or disapproves the request and returns a copy to the dentist. Approved requests are assigned a PA number. 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 MDCH website. (Refer to the Directory Appendix for website information.)

Medicaid Provider Manual
Dental Chapter
October 1, 2020, p 3

The general instructions for Medicaid coverage for complete and partial dentures during the period when the PA request and denial were made are set forth in the following policy from the Medicaid Provider Manual:

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 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).

- An existing complete or partial denture cannot be made serviceable through repair, relining, adjustment, or duplicating (rebasing) procedures.

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 upper 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.

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 followup 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.)

Medicaid Provider Manual
Dental Chapter
October 1, 2020, pp 18-19

The Department witness testified that on October 2, 2020, Petitioner's dentist sought approval for partial upper and partial lower dentures for Petitioner. The Department witness indicated that on October 19, 2020, the request for partial lower dentures was approved, but the request for partial upper dentures was denied because, with the placement of the partial lower dentures, Petitioner had 8 posterior (back) teeth in occlusion (i.e. biting together). The Department witness also noted that Petitioner is not missing any anterior (front) teeth. The Department witness testified that on October 19, 2020, the Department sent Petitioner a Notice of Amended Authorization and a Notice of Denial indicating that Petitioner's request for partial lower dentures was approved, but that the request for partial upper dentures was denied.

Petitioner testified that she had teeth pulled on both sides, which made it difficult to eat without the requested partial dentures. Petitioner indicated that she had not yet picked up the approved partial lower denture from her dentist.

On review, the Department's decision to deny the request for dentures was reached within policy. The Department must enforce Medicaid policy as written. Based on the information submitted with the prior authorization request, Petitioner has 8 posterior teeth in occlusion once her partial lower denture is placed. Petitioner is also not missing any anterior (front) teeth. As such, she is not entitled to partial upper dentures at this time paid for by Medicaid.

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 partial upper dentures.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

RM/sb

Robert J. Meade
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:

<div align="center">

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139

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DHHS -Dept Contact   Gretchen Backer
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Petitioner   ████████████████
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