



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

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Date Mailed: February 22, 2022
MOAHR Docket No.: 22-000004
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Steven Kibit

DECISION AND ORDER

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

After due notice, a telephone hearing was held on February 3, 2022. Petitioner appeared and testified on her own behalf. Allison Pool, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Dianne Redford, Medicaid Utilization Analyst, testified as a witness for the Department.

During the hearing, the Department submitted an evidence packet that was admitted into the record as Exhibit A, pages 1-18. Petitioner did not submit any proposed exhibits.

ISSUE

Did the Department properly deny Petitioner's prior authorization request for partial upper and lower 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. In February of 2021, the Department approved a prior authorization request for a partial lower denture submitted on Petitioner's behalf by a dentist. (Exhibit A, pages 12-13).
2. No such denture was ever placed or paid for, but the treatment plan is still approved. (Exhibit A, page 14; Testimony of Medicaid Utilization Analyst).

¹ Petitioner identified a different spelling for her name during the hearing, but all the documents in the record, including Petitioner's own request for hearing, use a different spelling and the case caption will therefore remain the same.

3. On September 8, 2021, the Department received a prior authorization request for partial upper and lower dentures submitted on Petitioner's behalf by a second dentist. (Exhibit A, page 11).
4. On October 14, 2021, the Department sent Petitioner's second dentist a Request for Additional Information. (Exhibit A, page 8).
5. As part of that request, the Department stated that, for the Department to process the request, Petitioner's second dentist needed to resubmit the request 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, page 8

6. Neither Petitioner nor her second dentist submitted any additional information or a letter stating Petitioner's choice of provider for dental services. (Testimony of Medicaid Utilization Analyst).
7. On November 10, 2021, the Department sent Petitioner written notice that the prior authorization request had been denied. (Exhibit A, pages 9-10).
8. With respect to the reason for the denial, the notice stated:

The policy this denial is based on is Section 2.2 of the dental chapter of the Medicaid Provider Manual. Specifically:

- Policy 2.2. Complete Instructions: Dentists may be required to send specific additional information and materials. The DDS did not submit specific additional information as requested.
- The dental facility did not submit 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. The Department did not receive the letter from the beneficiary indicating the provider of choice, unable to process.

Exhibit A, page 9

9. On January 3, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received the request for hearing filed in this matter regarding that denial. (Exhibit A, pages 6-7).

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 statutes, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Medicaid covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM) and, in part, the applicable version of the MPM states:

SECTION 2 – PRIOR AUTHORIZATION

Prior authorization (PA) is required for services identified in this chapter and the Medicaid Code and Rate Reference tool. For questions about medically necessary dental services beyond those described in this chapter, providers should contact the MDHHS Program Review Division (PRD). (Refer to the Directory Appendix for website and contact information.)

2.1 PRIOR AUTHORIZATION REQUIREMENTS IN CASES OF MISUTILIZATION

MDHHS may require a dentist found to be improperly utilizing services to obtain PA for all or selected dental services separate from those generally requiring authorization. MDHHS is required to explain to the dentist, in writing, the reasons for applying this requirement.

2.2 COMPLETION INSTRUCTIONS

The Dental Prior Approval Authorization Request form (MSA-1680-B) is used to obtain authorization. An electronic fill-in enabled version of the MSA-1680-B is available on the MDHHS website. (Refer to the Directory Appendix for website information.)

Providers should use the appropriate CDT code(s) on all PA requests. When requesting medically necessary services for

which there is no procedure code, the Not Otherwise Classified (NOC) code is used. Services requested under NOC codes require PA. The MSA-1680-B should only include the procedure(s) that requires PA.

The dentist should provide additional detailed information in the Other Pertinent Dental or Medical History section of the MSA-1680-B to better define symptomatology, treatment situations, etc. when the services requested or the accompanying documentation may leave unresolved questions. Co-existing medical conditions, including pregnancy, should be identified on the PA request along with any effect they might have upon the proposed treatment plan.

When requesting PA, MDHHS may require dentists to send additional documentation. Additional documentation must contain the beneficiary's name and other identifying information (e.g., Medicaid ID number, date of birth, etc.).

An authorization determination is made based on the MSA-1680-B and the documentation attached. PA requests are assigned a number, posted in the Community Health Automated Medicaid Processing System (CHAMPS), and a notification of decision is sent to the provider. For billing purposes, the PA approval number must be entered in the appropriate field on the claim form.

*MPM, October 1, 2021 version
Dental Chapter, page 4
(Emphasis added)*

Here, the Department's witness testified that Petitioner's prior authorization request for partial upper and lower dentures was denied pursuant to the above policies. Specifically, she noted that, as Petitioner already had an approved and active treatment plan, the Department needed additional information, *i.e.*, a signed and dated letter from the beneficiary stating their choice of provider for dental services, to approve a new request and no such additional information was ever received.

In response, Petitioner testified that she did not understand what was needed to be provided and that she has trouble travelling to the dentists. After some further discussion, she testified that she now understood and would have a new request submitted along with all the necessary information.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying her prior authorization request. Moreover, the undersigned

Administrative Law Judge is limited to reviewing the Department's decision in light of the information available at the time the decision was made.

Given the record and applicable policies in this case, Petitioner has failed to meet her burden of proof and the Department's decision must therefore be affirmed. The above policy expressly provides that the Department may request additional information when needed before approving a prior authorization request; the Department's witness credibly and fully explained what additional information was requested here and why; and no additional information was ever provided.

To the extent Petitioner has additional information to provide regarding her request for dentures, then she can always request them again in the future along with that information. With respect to the decision at issue in this case however, the Department's decision must be affirmed given the available information and applicable policies.

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 prior authorization request.

IT IS, THEREFORE, ORDERED that:

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

SK/tem


Steven Kibit
Administrative Law Judge

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
MDHHS-PRD-Hearings@michigan.gov

DHHS Department Rep.

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Petitioner

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