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[REDACTED], MI
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Date Mailed: April 22, 2022
MOAHR Docket No.: 22-001175
Agency No.: 0
Petitioner: [REDACTED]

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 April 20, 2022. Petitioner appeared on his own behalf. Florence Scott-Emuakpor, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (Department). Kim Hanson, Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Petitioner's request for prior authorization (PA) for a lower partial denture?

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 [REDACTED]-year-old Medicaid beneficiary. (Exhibit A, p 13; Testimony)
2. On February 9, 2022, Petitioner's dentist sought approval for a lower partial denture for Petitioner. (Exhibit A, p 13; Testimony)
3. On February 23, 2022, the request for a lower partial denture was reviewed and denied because Petitioner had eight posterior (back) teeth in occlusion (*i.e.*, biting together). (Exhibit A, p 13; Testimony)
4. On February 23, 2022, the Department sent Petitioner a Notice of Denial, which also advised Petitioner of his appeal rights. (Exhibit A, pp 11-12; Testimony)
5. On March 21, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, pp 6-10)

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) 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.)

* * *

2.2 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.

* * *

*Medicaid Provider Manual
Dental Chapter
January 1, 2022, p 4*

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. 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).

Providers must assess the beneficiary's general oral health and provide a five-year prognosis for the complete or partial denture requested. The provider is expected to evaluate whether the treatment is appropriate for the individual beneficiary, and assess the probability of delivering removable dentures and the beneficiary's compliance with follow-up care.

It is the provider's responsibility to discuss the treatment plan with the beneficiary, including any applicable frequency limits and other pertinent information related to the proposed services, and obtain the beneficiary's agreement with the proposed treatment plan. Documentation of the beneficiary's agreement must be retained in the beneficiary's dental record.

* * *

*Medicaid Provider Manual
Dental Chapter
January 1, 2022, pp 21-22
Emphasis added*

The Department witness testified that Petitioner's request for a lower partial denture was denied because Petitioner had at least eight posterior teeth in occlusion. The information submitted indicated that Petitioner has posterior teeth 20, 21, 28, and 29 occluding with posterior teeth 13, 12, 5, and 4. The Department witness indicated that, per policy, Petitioner did not, therefore, qualify for a lower partial denture at this time.

Petitioner testified that the appeal process was new to him, and he simply filled out the paperwork when he received the denial. Petitioner indicated that he was all set to have the lower partial denture placed when he learned of the denial. Petitioner testified that he does not believe he has any "back" teeth left as he considers the teeth the Department referred to as "front" teeth. Petitioner indicated that those teeth are not good for chewing, and he therefore has great difficulty chewing his food. Petitioner

pointed out that he has full Medicaid, which has paid for expensive operations on his back and knee in the past, so he is surprised Medicaid would not cover this partial denture, which costs under \$1,000.00.

On review, the Department's decision to deny the request for dentures was reached within policy. While this Administrative Law Judge can sympathize with Petitioner's situation, the Department and this Administrative Law Judge must enforce the Medicaid policy as written. Based on the information submitted with the prior authorization request, Petitioner has eight posterior teeth in occlusion. The undersigned does understand that Petitioner does not believe teeth 20, 21, 28, 29, 13, 12, 5, and 4 are posterior, or back teeth, but according to Medicaid policy, they are back teeth. As such, Petitioner is not entitled to a lower partial denture at this time paid for by Medicaid. If Petitioner loses any of the above referenced teeth, he would be eligible for the lower partial denture.

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 for a lower partial denture.

IT IS THEREFORE ORDERED that:

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



Robert J. Meade
Administrative Law Judge

RM:tem

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
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PO Box 30479
Lansing, MI 48909
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