

[REDACTED]
, MI [REDACTED]

Date Mailed: May 3, 2022
MOAHR Docket No.: 22-001304
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 telephone hearing was held on April 26, 2022. Petitioner appeared on her own behalf. Kimlam Trimh appeared as an interpreter. [REDACTED], Petitioner's niece, appeared but did not testify. Allison Pool, Appeals Review Officer, appeared on behalf of 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 and lower 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 [REDACTED] Medicaid beneficiary. (Exhibit A, p 12; Testimony)
2. On January 5, 2022, Petitioner's dentist sought approval for upper and lower partial dentures for Petitioner. (Exhibit A, p 12; Testimony)
3. On January 13, 2022, the request for upper and lower partial dentures was reviewed and denied because Petitioner had eight (8) posterior (back) teeth in occlusion (*i.e.*, biting together). (Exhibit A, p 12; Testimony)
4. On January 13, 2022, the Department sent Petitioner a Notice of Denial, which also advised Petitioner of her appeal rights. (Exhibit A, pp 10-11; Testimony)
5. On March 28, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, pp 6-8)

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 dentures, immediate complete dentures, and partial dentures are benefits for all beneficiaries and require PA. Complete or partial dentures are prior 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's witness testified that Petitioner's request for upper and lower partial dentures was denied because Petitioner had at least eight (8) 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's witness indicated that, per policy, Petitioner did not, therefore, qualify for upper and lower partial dentures at this time.

Petitioner testified that she understood the Department's decision and would accept it.

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 Medicaid

policy as written. Based on the information submitted with the prior authorization request, Petitioner has eight (8) posterior teeth in occlusion. As such, Petitioner is not entitled to upper and lower partial dentures at this time paid for by Medicaid. If Petitioner loses any of the above-referenced teeth, she would likely be eligible for partial dentures.

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 upper and lower partial dentures.

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
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