



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: May 31, 2022
MOAHR Docket No.: 22-001849
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 May 26, 2022. Petitioner appeared on her own behalf. Theresa Root, Appeals Review Officer, appeared on behalf of the Respondent, the Michigan Department of Health and Human Services (Department). Kim Hanson, Medicaid Utilization Agent, 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 (PA) for complete lower and upper 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 Medicaid beneficiary. (Exhibit A, p 10; Testimony.)
2. On February 11, 2022, February 18, 2022, and March 4, 2022, Dental Care of Michigan Canton, submitted to Department, a request for complete upper and lower dentures on behalf of Petitioner. The request did not include a completed MSA-1680-B. (Exhibit A, pp 9-10; Testimony.)
3. On March 24, 2022, the Department sent Petitioner a Notice of Denial.

The notices indicated the Petitioner's request for complete lower and upper dentures was denied due to the requesting provider not submitting a prior authorization form MSA-1680-B. (Exhibit A, p 10; Testimony.)

4. On April 25, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received from Petitioner, a request for hearing. (Exhibit A, pp 4-8.)

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 Medicaid Provider Manual (MPM) sets replacement schedules for denture repair and replacement:

SECTION 2 – PRIOR AUTHORIZATION

Prior authorization (PA) is only required for those services identified in the Dental Chapter and the Medicaid Code and Rate Reference tool. (Refer to the Directory Appendix for website information.)

* * *

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.) ...

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 Medical 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.¹

* * *

The Department witness testified that Petitioner's request for complete upper and lower dentures was denied because the requesting provider failed to provide the information the Department was requesting. Specifically, the provider failed to submit an MSA-1680-B.

Petitioner did not dispute her provider's failure to submit the requested documentation.

On review, the Department's decision to deny the request for complete upper and lower dentures was reached within policy. The Department must enforce Medicaid policy as written. Based on the information submitted with the prior authorization request, an MSA 1680-B was not submitted as requested. As such, Petitioner is not entitled to complete lower and upper 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 complete upper and lower dentures.

IT IS THEREFORE ORDERED that:

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

CA/dh



Corey Arendt
Administrative Law Judge

¹ MPM, Dental Chapter, January 1, 2022, 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

Via-Electronic Mail:

DHHS -Dept Contact

Gretchen Backer
400 S. Pine, 6th Floor
P.O. Box 30479
Lansing, MI 48909

MDHHS-PRD-Hearings@michigan.gov

DHHS Department Rep.

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Via-First Class Mail:

Petitioner

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