



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
SUZANNE SONNEBORN
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA
ACTING DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: January 19, 2024
MOAHR Docket No.: 23-008726
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, 42 CFR 431.200 *et seq.* and 42 CFR 438.400 *et seq.* upon Petitioner’s request for a hearing.

After due notice, a hearing was held on January 18, 2024. Petitioner appeared and testified on his own behalf. Austin Moag, Deputy General Counsel, appeared and testified on behalf of Respondent, Delta Dental of Michigan (Department).

Exhibits:

Petitioner	None
Department	A. Hearing Summary

ISSUE

Did the Department properly deny Petitioner’s prior authorization request for 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 Medicaid beneficiary, who is enrolled in the Department Healthy Michigan Dental Plan. (Exhibit A, p 2; Testimony)
2. In March of 2016, Petitioner was approved for upper partial dentures. (Exhibit A; Testimony.)

3. On [REDACTED] 2022, Petitioner received lower partial dentures. (Exhibit A; Testimony.)
4. On or about July 12, 2023, Department received a pre-treatment estimate from Petitioner's dentist for new upper and lower dentures. (Exhibit A;; Testimony)
5. On July 12, 2023, Department sent Petitioner and his provider written notice that the prior authorization request for upper partial dentures was approved; but the request for lower partial dentures was denied because new dentures are only covered once every five years, and Petitioner previously received lower partial dentures within the preceding five years. (Exhibit A; Testimony.)
6. On or around July 25, 2023, Petitioner requested an internal appeal. (Exhibit A; Testimony.)
7. On August 7, 2023, Department sent Petitioner and his provider written notice that the internal appeal was denied, and that the original denial of a new partial denture was upheld. (Exhibit A; Testimony.)
8. On December 4, 2023, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Hearing File.)

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.

In 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans (MHP).

The Department is the dental contractor for one of those MHPs, and as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract with the Department:

The Michigan Department of Health and Human Services (MDHHS) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology,

Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.¹

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

7.6. PROSTHODONTICS (REMOVABLE) [RE-NUMBERED 7/1/23]

7.6.A. GENERAL INSTRUCTIONS [RE-NUMBERED & CHANGES MADE 7/1/23]

Complete dentures, immediate complete dentures, and partial dentures are benefits for all beneficiaries.

Complete and partial dentures are benefits once per five years per arch when the expected prognosis of the complete or partial dentures is at least five years. Complete and partial dentures do not require PA. Providers must verify with MDHHS that the beneficiary is eligible for a complete or partial denture per the five-year rule prior to rendering service, as described in the Frequency Verification Process section of this chapter. Failure to complete the verification process may result in claim denial.²

Pursuant to the above policy and its contract with the Michigan Department of Health and Human Services, Department has developed a prior authorization process subject to the limitations and restrictions described in Department's Medicaid agreement, the MPM, Medicaid bulletins, and other directives.

¹ Medicaid Provider Manual, Medicaid Health Plan, July 1, 2023, p 1.

² MPM, Dental, July 1, 2023, p 25.

Department's witness testified that Petitioner's request for a new partial denture was denied because policy only allows replacement of dentures every five years, and Petitioner was provided lower partial dentures in September of 2022.

Petitioner did not dispute the prior placement and instead focused on the payor arguing the original payment should have been paid through an auto insurance claim and not with Medicaid funds. Petitioner further articulated he was in the process of working with his dentist to have the lower partial dentures repaired.

Given the above policy and evidence, Petitioner has failed to prove by a preponderance of the evidence that Department erred in denying the request for a new partial denture. As indicated above, policy clearly states that a beneficiary only qualifies for new dentures once every five years; and Petitioner had new dentures placed in 2022.

Accordingly, Department properly denied Petitioner's request for new lower partial dentures.

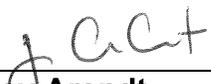
DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that Department properly denied Petitioner's prior authorization request for a new partial denture.

IT IS THEREFORE ORDERED that:

Department's decision is **AFFIRMED**.

CA/pe



Corey Arendt
Administrative Law Judge
for Elizabeth Hertel, 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:

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

VIA ELECTRONIC MAIL:

COMMUNITY HEALTH REPRESENTATIVE

DELTA DENTAL OF MICHIGAN
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PETITIONER

[REDACTED]
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