

**STATE OF MICHIGAN**  
**MICHIGAN ADMINISTRATIVE HEARING SYSTEM**  
**FOR THE DEPARTMENT OF COMMUNITY HEALTH**  
P.O. Box 30763, Lansing, MI 48909  
(877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

Docket No. 2011-35809 PA

Case No. [REDACTED]

[REDACTED],

Appellant

\_\_\_\_\_ /

**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 Appellant's request for a hearing.

After due notice, a hearing was held on [REDACTED], the Appellant, appeared on her own behalf. [REDACTED], Appeals Review Officer, represented the Department. [REDACTED] Medicaid Utilization Analyst, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny the Appellant's request for prior authorization 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. The Appellant is a Medicaid beneficiary.
2. On [REDACTED], the Department received a prior authorization request for an upper complete denture and a lower partial denture from the Appellant's dentist. (Exhibit 1, page 6)
3. On [REDACTED], the Department approved the upper complete denture and denied the request for the lower partial denture. The Department determined that the Appellant did not qualify for the lower partial denture because she will have 10 posterior teeth in occlusion once the upper complete denture is placed. (Medicaid Utilization Analyst Testimony and Exhibit 1, page 6)
4. On [REDACTED], the Department sent the Appellant a Notification of Denial. (Exhibit 1, pages 3-4)

5. On ██████████, the Department received the Appellant's request for a hearing.  
(Exhibit 1, page 2)

## **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.

### **1.10 PRIOR AUTHORIZATION**

Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of PA is to review the medical need for certain services.

*MDCH Medicaid Provider Manual, Practitioner  
Section, April 1, 2011, page 4.*

The issue in this case is whether the Department properly applied the five year rule for denture coverage. *MDCH Medicaid Provider Manual, Dental Section, April 1, 2011, pages 17-18*, outlines coverage for dentures:

### **6.6 PROSTHODONTICS (REMOVABLE)**

#### **6.6.A. GENERAL INSTRUCTIONS**

Complete and partial dentures are benefits for all beneficiaries. All dentures require PA. Providers must assess the beneficiary's general oral health and provide a five-year prognosis for the prosthesis requested. An upper partial denture PA request must also include the prognosis of six sound teeth.

Complete or partial dentures are authorized:

- If there is one or more anterior teeth missing;
- **If there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth); or**
- Where an existing complete or partial denture cannot be made serviceable through repair, relining, adjustment, or duplicating (rebasing) procedures. If a partial denture can be made serviceable, the dentist should provide the needed restorations to maintain

use of the existing partial, extract teeth, add teeth to an existing partial, and remove hyperplastic tissue.

Before final impressions are taken and any construction begun on a complete or partial denture, healing adequate to support a prosthesis must take place following the completion of extractions or surgical procedures. This includes the posterior ridges of any immediate denture. An exception is made for the six anterior teeth (cuspid to cuspid) only when an immediate denture is authorized.

Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, and duplications within six months of insertion. This includes such services for an immediate upper denture when authorized.

If a complete or partial denture requires an adjustment, reline, repair, or duplication within six months of insertion, but the services were not provided until after six months of insertion, no additional reimbursement is allowed for these services.

Complete or partial dentures are not authorized when:

- A previous prosthesis has been provided within five years, whether or not the existing denture was obtained through Medicaid.
- An adjustment, reline, repair, or duplication will make them serviceable.
- Replacement of a complete or partial denture that has been lost or broken beyond repair is not a benefit within five years, whether or not the existing denture was obtained through Medicaid.

Medicaid Provider Manual, Dental Section,  
Version date April 1, 2011  
Pages 17-18.  
(emphasis added by ALJ)

The Department introduced evidence that once the Appellant has the upper complete denture placed, she will have 10 posterior, or back, teeth in occlusion. (Exhibit 1, page 6) The Department testified that this was the reason the prior authorization request for the lower partial denture was denied, in accordance with the policy outlined in the Dental Section of the Department's Medicaid Provider Manual.

The Appellant testified that her lower teeth are gone. (Appellant Testimony) The charting submitted by the Appellant's dentist did indicate some lower teeth would be extracted. Once this was done, the chart indicated that the Appellant would still have two back teeth on the lower left and three back teeth on the lower right. (Exhibit 1, page 7) The Appellant can always have her dentist submit a new prior authorization request if the charting or other information provided on the [REDACTED], Dental Prior Approval Authorization Request form was inaccurate.

While this ALJ is sympathetic to the Appellant's circumstances, the Department policy in the area is clear. The Department provided sufficient evidence that based on the information provided by the Appellant's dentist, this is the initial placement of prosthesis, once the approved upper complete denture is placed the Appellant will have at least eight posterior teeth in occlusion and she will not be missing any anterior teeth. (Exhibit 1, page 7) Therefore, the Department's denial of the prior authorization request for the lower partial denture was in accordance to the Department's policy.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for prior authorization for a lower partial denture based on the information provided by the dentist.

**IT IS THEREFORE ORDERED** that:

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

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Colleen Lack  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

cc: [REDACTED]

Date Mailed: 8/25/2011

**\*\*\* NOTICE \*\*\***

The Michigan Administrative Hearing System may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The Michigan Administrative Hearing System will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.