

**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:

██████████,

Appellant

\_\_\_\_\_ /

Docket No. 2011-37899 PA

Case No. ██████████

**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 ██████████. The Appellant appeared without representation. She had no witnesses. ██████████, Appeals Review Officer, represented the Department. His witness was ██████████, Medicaid Analyst/MDCH.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization (PA) of complete upper dentures and lower partial dentures?

**FINDINGS OF FACT:**

1. At the time of the hearing, the Appellant is a ██████-year-old Medicaid beneficiary. (Appellant's Exhibit #1)
2. The Appellant testified that she needs new upper dentures and lower partial dentures because she doesn't have teeth in the front of her mouth. (See Testimony and Appellant's Exhibit #1)
3. The Appellant's dentist (██████████) sought approval for a complete upper and partial lower denture on ██████████. (Department's Exhibit A, p. 36)
4. On ██████████, the request for an upper denture was reviewed and denied as the Appellant was shown to have received such prosthesis within the last five years. Her further appeal rights were contained therein. (Department's Exhibit A, pp. 4-5)
5. On ██████████, the Michigan Administrative Hearing System for the Department of Community Health received the instant request for hearing brought by the Appellant. (Appellant's Exhibit #1)

## **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. . . .

Medicaid Provider Manual, (MPM)  
Practitioner, July 1, 2011,<sup>1</sup> page 4.

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

### **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....

\*\*\*\*

---

<sup>1</sup> This edition of the MPM is identical to the version in place at the time of negative action.

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.

MPM, Dental, §6.6A, July 1, 2011, pp. 17, 18


At the hearing the Department witness, ██████████ testified that the Appellant's request was denied for failure to meet policy requirements for prosthesis replacement (partial or complete) on a 5-year rotation.

The Appellant said that she has trouble chewing for lack of teeth and that upper and lower dentures are necessary. She added that the absence of teeth adversely impacts her appearance.

The Department witness testified that the Appellant had last received dentures in ██████████ and would, therefore, not be eligible for replacement dentures for (5) five years from the date of her last service.

The Appellant was advised that policy does not permit Medicaid reimbursement for an upper denture until ██████████. The Appellant indicated her understanding on the record.

On review - I thought the Department's decision to deny the upper denture was correct. It was based on policy and supported by the credible testimony of witness ██████████. The Appellant failed to preponderate her burden of proof that the Department's decision was in error.

  
Docket No. 2011-37899 PA  
Decision and Order

**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 PA of a complete upper denture and lower partial denture.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

---

Dale Malewska  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

cc: 

Date Mailed: 9/8/2011

**\*\*\* 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.