

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

██████████,

Appellant

Docket No. 2011-52475 PA

Case No. ██████████

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 the Appellant's request for a hearing.

After due notice, a hearing was held ██████████. ██████████ was represented by ██████████, her mother. ██████████, Appeals and Review Officer for the Department of Community Health represented the Department. ██████████, Medicaid Analyst for the Department of Community Health appeared as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's request for prior authorization of 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. The Appellant is a Medicaid beneficiary.
2. The Department received a prior authorization request for upper complete and lower partial dentures from the Appellant's dentist. (uncontested)
3. The Department denied both requests. (uncontested)
4. The Department determined that the Appellant could not be provided with an upper full denture because she had one placed less than 5 years before the request for the new one was made, in ██████████.

5. The Department determined the lower partial could not be approved because with the existing upper partial denture and her existing teeth, she had at least 8 teeth in occlusion, therefore did not meet the standards of coverage for a lower denture.
6. The Department sent the Appellant a Notification of Denial ██████████.
7. On ██████████, the Department received Appellant's Request for a hearing.

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.

The issue in this case is whether the Department properly denied Appellant's request for prior authorization. The *MDCH Medicaid Provider Manual, Dental Section, October 1, 2005, page 16*, outlines coverage for partial dentures:

Complete or partial dentures are authorized when:

- If there are less than eight posterior teeth in occlusion.
- 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. (Exhibit 1, Page 8).

It is an uncontested material fact that the Appellant had placement of an upper partial denture in ██████████. The fact of placement of that upper partial denture within the last 5 years precludes the Department from providing coverage for another upper denture at this time. The Medicaid policy invoked by the Department in support of the denial contains a five year prohibition against replacement of an existing prosthesis and essentially requires repair for the 5 year period between eligibility time frames.

The lower denture requested was denied because when the upper partial is in place, the Appellant has at least 8 teeth in occlusion, thus she does not meet the standards of coverage for placement of a lower denture.

The evidence presented on behalf of the Appellant is that she cannot wear the previously fitted upper partial because it was never made right and she needs a complete denture at this time. Furthermore, she has relocated from [REDACTED], where the original denture was made and no longer has access to the dentist who made the original, poorly fitting denture. It was further evidenced the Appellant has lost almost 50 lbs due to her inability to eat.

The actual medical condition of the mouth and number of teeth possessed by the Medicaid beneficiary is immaterial to the determination made by the Department of Community Health. The theoretical number of teeth possessed by the beneficiary is what matters to the Department of Community Health. So, when following the analysis completed by the Department, theoretically, the Appellant has at least 8 teeth in occlusion when she wears the upper partial (that won't stay in place), thus the lower denture cannot be approved. The Department policy allows for exceptions to the five year rule to be considered where other medical evidence is presented. Testimony was presented about weight loss, however no medical evidence was submitted supporting the claim. The Department's determination that a denture cannot be replaced within a 5 year time period regardless of medical necessity is within their authority. Because this ALJ does not possess the authority to order the Department to disregard its own policy, this ALJ cannot provide relief to the Appellant.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department denied the dentures sought according to the Medicaid Policy it applied.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Jennifer Isiogu
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health


cc:

[REDACTED]

Date Mailed: 11/17/2011

***** NOTICE *****

The Michigan Administrative Hearing System for the Department of Community Health may order a rehearing


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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 for the Department of Community Health 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.