

**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. 2011-36952 PA  
Case No. [REDACTED]

[REDACTED],

Appellant

\_\_\_\_\_ /

**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 on [REDACTED]. [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 complete upper 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 a complete upper denture and a lower partial denture from the Appellant's dentist. (Exhibit 1, page 5)
3. On [REDACTED], the Department determined that the Appellant did not qualify for the upper complete denture under the 5 year rule. The Appellant's case history indicated that a complete upper was placed [REDACTED]. (Exhibit 1, pages 5-6)
4. On [REDACTED], the Department sent a Notification of Denial to the Appellant. (Exhibit 1, pages 3-4)
5. On [REDACTED], the Appellant's Request for Hearing was received. (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, January 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, January 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 January 1, 2010  
Pages 17-18.  
(emphasis added by ALJ)

The Department received a prior authorization request for a complete upper denture and a lower partial denture from the Appellant's dentist on ██████████. ██████████ the Department reviewed the request approving the lower partial denture and denying the complete upper denture. (Exhibit 1, page 5) The Medicaid Utilization Analyst testified that the lower partial denture was authorized in error. She indicated that she contacted the Appellant's dentist's office and they will decide what to do after this appeal. This ALJ can only review the denial of the complete upper denture at this time. The Appellant may wish to submit another hearing request if the issue regarding the lower partial denture can not be resolved.

The Department introduced documentation from the Appellant's Medicaid beneficiary case history into evidence showing that a complete upper denture was placed [REDACTED] (Exhibit 1, page 6) The Medicaid Utilization Analyst explained that the [REDACTED] prior authorization request for a complete upper was denied because the Appellant had this prosthesis provided within the past five years. The Medicaid Utilization Analyst testified that the denial was in accordance with the policy outlined in the Dental Section of the Department's Medicaid Provider Manual.

The Appellant disagrees with the denial and testified that she did not recall when she got the existing complete upper denture. She stated that denture was not made correctly, is very out of line, and is making her bottom teeth break. The Appellant further testified that she kept going back to that dentist to try to get it made right and her current dentist does not see how they would have ever fit it in her mouth.

While this ALJ has sympathy for the Appellant's circumstances, the program parameters do not allow for coverage for dentures more than 1 time in a 5 year period. The prior authorization form incorrectly indicates that the prior prosthesis was placed nine years ago. (Exhibit 1, page 5) The Appellant's Medicaid case history documents that a complete upper denture was placed [REDACTED]. (Exhibit 1, page 6) The Department provided sufficient evidence that its denial was in accordance with policy based on the information available at the time the [REDACTED], prior authorization request was reviewed. The Department's determination regarding the complete upper denture is upheld based on the available evidence.

The Medicaid Utilization Analyst testified that the Appellant would be eligible for a new upper denture in [REDACTED]. However, she indicated that the Department can review a request for a new denture within 6 months of the 5 year date. Accordingly, the Appellant may wish to have her dentist submit a new prior authorization request for the complete upper denture after [REDACTED].

### **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 complete upper denture.

**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

[REDACTED] stina  
Docket No. 2011-36952 PA  
Decision and Order

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.