

**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. 2011-50384 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]. [REDACTED], the Appellant, appeared on his 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 an upper 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 4)
3. On [REDACTED] the Department approved the lower partial denture and denied the request for the upper partial denture. The Department determined that the Appellant did not qualify for the upper partial denture because he would have ten (10) posterior teeth in occlusion after a lower partial 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, pp. 5-6)

5. On ██████████ the Michigan Administrative Hearing System 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.*

MDCH Medicaid Provider Manual, Dental Section, April 1, 2011, pages 17-18, provides that Department's policy for 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)*

██████████, Medicaid Utilization Analyst, testified that once the Appellant has the lower partial denture placed, he will have ten (10) posterior, or back, teeth in occlusion. (Exhibit 1, page 4) The Department's Dental Section of the Department's Medicaid Provider Manual policy for Prosthodontics prohibits the authorization of complete or partial dentures if there are no anterior teeth missing or if there are eight or more teeth in occlusion. ██████████ testified that after the placement of the lower partial denture the Appellant will have ten (10) teeth in occlusion and has no anterior teeth missing. Therefore the Department, after applying the Department's dental policy, denied the Appellant's prior authorization request for the lower partial denture.

The Appellant testified that he was confused with regard to his dental plan and how many teeth would be repaired or extracted. The Appellant testified that his concern was that after many of his teeth were pulled and without his partial dentures, he would have only a few teeth remaining. During the hearing ██████████ carefully reviewed with the Appellant the Appellant's preliminary dental treatment plan provided on the Dental Prior Authorization Request form. Following the review the Appellant indicated that he understood the policy and that his fears were based on a misunderstanding of the information provided by his dentist and the Department.

The Department provided sufficient credible evidence, based on the information provided by the Appellant's dentist that following the placement of the Appellant lower partial denture that the Appellant would have ten (10) teeth in occlusion and would not be missing any anterior teeth. Therefore, the Department properly applied Department's Dental policy and properly denied that Appellant's prior authorization request for an upper partial denture.

### **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 an upper partial denture.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

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Martin D. Snider  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

[REDACTED]  
Docket No. 2011-50384 PA  
Decision and Order

cc:

[REDACTED]

Date Mailed: 9/27/2011

**\*\*\* 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.