

**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. 2012-26971 PA

██████████

██████████

**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 on his own behalf. ██████████ Officer, represented the Department. ██████████ 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 ██████████, the Department received a prior authorization request for a lower partial denture from the Appellant's dentist. (Exhibit 1, page 7)
3. On ██████████ 011, the Department determined that the Appellant did not qualify for the lower partial denture because he has 8 posterior teeth in occlusion. (Medicaid Utilization Analyst Testimony and Exhibit 1, page 7)
4. On ██████████, the Department sent the Appellant a Notice of Denial indicating the requested lower partial denture was denied. (Exhibit 1, pages 5-6)
5. On ██████████, the Appellant's Request for Hearing was received. (Exhibit 1, page 4)

## **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, October 1, 2011, page 4.*

The issue in this case is whether the Department properly denied the Appellant's October 26, 2011, prior authorization request for a lower partial denture. *MDCH Medicaid Provider Manual, Dental Section, October 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 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 October 7, 2011  
Pages 17-18.  
(emphasis added by ALJ)

The Department introduced evidence that the Appellant has 8 posterior, or back, teeth in occlusion, based on the information provided by the Appellant's dentist. (Exhibit 1, page 7) She explained that while the tooth chart shows some missing posterior teeth on the upper arch, the form also indicates that the Appellant received an upper partial denture in [REDACTED]. Accordingly, with the existing upper partial denture in place, the

Appellant would have eight posterior teeth in occlusion. The Medicaid Utilization Analyst 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. (Medicaid Utilization Analyst Testimony)

The Appellant's disagrees with the denial and asserted that he should qualify for a new lower partial denture because his existing lower partial denture is more ██████████ old. He stated that the Department replaced his upper partial denture when it was more than ██████████. The Appellant also testified that the existing lower partial denture got knocked out and no longer fits correctly. This has caused chipping of other teeth, one of which required a root canal. (Appellant Testimony)

The Medicaid Utilization Analyst confirmed that Medicaid does not automatically cover a new dental prosthesis every ██████████, the other criteria in the policy still apply. She explained that the Appellant qualified to have the upper partial denture replaced in ██████████ because he was also missing front teeth on the upper arch. The Medicaid Utilization analyst also stated that Medicaid covers repairs for existing dental prosthesis. (Medicaid Utilization Analyst Testimony) Based on the Appellant's testimony that the existing lower partial denture is causing chipping of other teeth, it appears that the dentists note in section 29 of the Dental Prior Authorization Request form, "lost lower partial" may not be correct. (Exhibit 1, page 7) There was no documentation submitted addressing whether or not the existing lower partial denture can be repaired.

The Department provided sufficient evidence that the Appellant has at least eight posterior teeth in occlusion with the existing upper partial denture in place and he will not be missing any front teeth on the lower arch, based on the information submitted from the dentist. (Exhibit 1, page 7) Therefore, the Department's denial of the prior authorization request for the lower partial denture must be upheld.

### **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 submitted documentation.

**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]  
Docket No. 2012-26971 PA  
Decision and Order

cc:

[REDACTED]

Date Mailed: \_\_ 4-26-12 \_\_

**\*\*\* 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.