

**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
Appellant

No. 2012-42931 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.*, following the Appellant's request for a hearing.

After due notice, a hearing was held ██████████. The Appellant was present. ██████████
was represented by ██████████, ██████████, ██████████, ██████████.

ISSUE

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

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Appellant is a Medicaid beneficiary.
2. On or about ██████████ the Department received a prior-authorization request for complete upper and lower dentures from the Appellant's dentist. (Exhibit A)
3. The Department denied the request ██████████ because Department records established the Appellant's former dentist had billed the Department for placement of dentures ██████████ less than ██████████ earlier.
4. Department policy prohibits a dentist from submitting a bill for dentures which have not been provided to the beneficiary.
5. Department policy prohibits providing coverage for dentures more than one time in a five year period.

6. The Department sent the Appellant a denial Notice [REDACTED]
7. On [REDACTED] the Department received the 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.

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, 2010, page 4.*

The issue in this case is whether the Department properly applied the five-year rule for denture coverage. The *MDCH Medicaid Provider Manual, Dental Section, January 1, 2011, pages 17-19* outlines coverage for dentures as follows:

6.6.A. GENERAL INSTRUCTIONS

* * *

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.

6.6.B. COMPLETE DENTURES

Only complete dentures with noncharacterized teeth (i.e., without cosmetic enhancements, such as gold denture teeth) and acrylic resin bases are a benefit of Medicaid. To be covered by Medicaid, all of the following procedures must be used to fabricate the dentures:

- Individual positioning of the teeth;
- Waxup of the entire denture body; and
- Conventional laboratory processing.

A preformed denture with teeth already mounted (i.e., teeth already set in acrylic prior to initial impressions) forming a denture module is not a covered benefit. Overdentures or Cusil dentures are not a covered benefit.

6.6.C. IMMEDIATE COMPLETE DENTURE

An immediate complete denture is a benefit only when the immediate extractions involve only the anterior teeth, whether maxillary or mandibular. When requesting PA, the dentist must state on the request that the denture will be an immediate denture, which teeth will be extracted at the denture insertion visit, and the reason the immediate denture is needed.

For reasons of denture stability and retention, an immediate denture is not a benefit:

- For the posterior segments of the maxillary or mandibular arch.
- Where cast metal base saddle areas are to be provided.

6.6.D. PARTIAL DENTURE

Partial dentures are a covered benefit for all beneficiaries over age 16 with the following limitations:

- A one-piece cast metal partial denture is not a benefit.
- Elaborate appliance items, such as semi-precision or precision attachments, stress breakers, hinge saddle areas, or Kennedy (lingual) blankets are not benefits.

All clasps are included in the fee for the partial denture.

To ensure that eruption of the teeth is completed before a permanent appliance is placed, partial dentures are not a covered benefit for beneficiaries under age 16. To replace a lost anterior tooth on a patient under age 16, PA must be submitted for an interim partial denture.

6.6.E. INTERIM COMPLETE & PARTIAL DENTURES

Interim complete dentures are authorized only in very unusual situations. For beneficiaries under the age of 16, interim partial dentures (sometimes called a "stayplate") to replace anterior teeth are authorized. The provider must submit justification and explanation of proposed future treatment with the PA request.

MDCH Medicaid Provider Manual,
Dental Section, January 1, 2011, pages 17-19

The Department introduced the Appellant's Medicaid beneficiary payment history into evidence showing that a complete upper and partial lower dentures were billed for less

than [REDACTED] before the instant request was made. The Department records in evidence establish the Appellant's former dentist billed the Department for dentures he reportedly placed [REDACTED]. Although the Department analyst testified the Appellant actually received dentures [REDACTED] she is basing this only on the fact that a bill was submitted by the Appellant's former dentist. She did not seek or obtain a copy of the actual medical record that would have been generated the day the dentures were allegedly placed to corroborate her claim the Appellant actually received dentures in [REDACTED].

The Appellant vehemently denies ever having received the dentures in [REDACTED]. He testified the dentist told him he owed him money and he could not pick up the dentures until he paid the dentist.

The Appellant's complaint is actually against his former dentist, not the Department of Community Health. He was provided prior authorization for coverage of the benefits he sought within the coverage period. If he did not receive dentures as he claims at hearing, his remedy cannot be obtained in a Medicaid fair hearing, rather, he must assert his claim to the Department's program integrity unit. While this ALJ finds the Department has little evidence to support its claim the Appellant actually received the dentures it was billed for, this fact alone does not establish the Appellant was entitled to coverage for the same service within [REDACTED]. The Department policy prohibits coverage for dentures more than 1 time in a 5 year time period. This ALJ does not have the authority to change the Department policies, thus cannot order a remedy for this Appellant. He must seek his redress through established Department procedures using the telephone number he was provided at hearing.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, must find that the Department was within its rights when it denied the Appellant's request for prior authorization of a complete upper and lower denture.


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]


Docket No. 2012-42931
Decision and Order

Date Mailed _____

***** 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.