

**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) 373-4147

**IN THE MATTER OF:**

██████████,

Appellant

\_\_\_\_\_ /

**Docket No.** 2013-22338 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.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. The Appellant appeared without representation. She had no witnesses. ██████████, Appeals Review Officer, represented the Department. His witness was ██████████, Medicaid analyst.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization?

**FINDINGS OF FACT**

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

1. At the time of hearing, the Appellant is a ██████-year old, Medicaid-SSI beneficiary. (Appellant's Exhibit #1)
2. The Appellant's dentist (Dr. Joan Grant, DDS) sought approval, on ██████████, for complete upper dentures and partial lower dentures. (Department Exhibit A, page 6)
3. The request was reviewed and denied on ██████████. Written notification of denial was sent to the Appellant and her dentist on ██████████. (Department's Exhibit A, page 5 and 6)
4. The denial for the lower prosthesis was based on the Appellant's failure to meet program policy requirements of having fewer than eight teeth in occlusion – including fixed bridges and dentures. (Department's Exhibit A, pp. 2, 5 and See Testimony)

5. The denial for the upper prosthesis was based upon the Appellant having received her existing lower prosthesis within the last 5 years – as demonstrated in the beneficiary report showing receipt of upper prosthesis on [REDACTED]. (Department's Exhibit A, pages 5 and 7)
6. In her notice of denial the Appellant was further advised of her appeal rights. (Department's Exhibit A, page 5 and 6)
7. On [REDACTED], the Michigan Administrative Hearing System for the Department of Community Health received the instant request for hearing brought by Appellant. (Appellant's Exhibit #1)

### **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.

### **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. It does not serve as an authorization of fees or beneficiary eligibility. Different types of services requiring PA include:

- Procedures identified as requiring PA on the procedure code databases on the MDCH website;
- Procedures/items that are normally noncovered but may be medically necessary for select beneficiaries (e.g., surgery normally cosmetic in nature, obesity surgery, off-label use drugs, etc.); and
- Referrals for elective services by out-of-state nonenrolled providers.

Medicaid Provider Manual, MPM, Practitioner § 1.10,  
October 1, 2012, p. 4.

Under the general policy instructions for Medicaid related dental services the MPM sets the threshold for dentures at less than eight teeth in occlusion:

Complete and partial dentures are benefits 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.

....

Complete or partial dentures are not authorized when:

- A previous prosthesis has been provided within 5 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.

MPM, Dental, §6.6.A., April 1, 2012, p.17

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At hearing, the Department witness explained that the Appellant's request was denied for failure to meet policy requirements regarding number of teeth in occlusion – including fixed bridges and dentures and for having already received dentures within the 5 year exclusionary period – which is prohibited under policy.

The Appellant said she needed the new dentures because she was unsatisfied with the dentures as prepared by her dentist. She said she could not wear the dentures as they rubbed her jaw bone or fell out of her mouth. She said she developed a related fungal infection owing to their ill fit.

The Appellant was given instructions from the Department witness for the process of seeking repairs for her existing prosthesis from a different Medicaid enrolled provider,

The Department witness said that the Appellant had eight (8) teeth in occlusion as of consultant review on [REDACTED].

[REDACTED]  
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On review, I thought the Department's decision to deny dentures was reached within policy. The Appellant failed to preponderate her burden of proof.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied PA of the Appellant's request for upper and lower dentures.

**IT IS THEREFORE ORDERED** that:

The Department's decision is **AFFIRMED**.

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Dale Malewska  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 4/15/2013

**\*\*\* 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.