

**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:

**Docket No.** 2013-25392 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 and testified. [REDACTED], represented the Department. [REDACTED], appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny the Appellant's request for prior authorization for an upper complete denture and 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 [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 7)
3. On [REDACTED], the Department determined that the Appellant did not qualify for the requested dentures under the 5-year rule. The Appellant's case history indicated that an upper partial denture was placed [REDACTED] and a lower partial denture was placed [REDACTED]. (Exhibit 1, pages 7 and 10-11)

4. On ██████████, the Department sent a Notice of Denial to the Appellant. (Exhibit 1, pages 5-6)
5. On ██████████, the Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (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, 2012, 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, October 1, 2012, 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.

*MDCH Medicaid Provider Manual,  
Dental Section, October 1, 2012, Pages 17-18  
(emphasis added by ALJ)*

On ██████████, 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 7) The Department introduced documentation from the Appellant's Medicaid beneficiary case history into evidence showing that an upper partial denture was placed [REDACTED] and a lower partial denture was placed [REDACTED] [REDACTED] (Exhibit 1, pages 10-11) The Medicaid Utilization Analyst explained that the Appellant's recent prior authorization request was denied because the Appellant had upper and lower dental prostheses provided within the past five years. The Medicaid [REDACTED] testified that the denial was in accordance with the policy outlined in the Dental Section of the Department's Medicaid Provider Manual. (Medicaid [REDACTED] [REDACTED] Testimony)

The Appellant disagrees with the denial and testified [REDACTED] was trying to see if [REDACTED] could get help to get [REDACTED] teeth fixed. The Appellant stated that the problems with [REDACTED] teeth were related to [REDACTED] diabetes and [REDACTED] does not have the \$1,500 to buy the dentures [REDACTED] (Appellant Testimony)

While this ALJ has sympathy for the Appellant's circumstances, the program parameters do not allow for coverage for dental prostheses more than one time in a five-year period. The Appellant's Medicaid case history documents payment for an upper partial denture placed [REDACTED] and a lower partial denture placed [REDACTED]. (Exhibit 1, pages 10-11) The information provided on both the [REDACTED] prior authorization request and the [REDACTED] prior authorization request does not document diabetes or any other pertinent dental or medical history. (Exhibit 1, pages 7 and 11) The Department provided sufficient evidence that its denial was in accordance with policy based on the available information.

As discussed during the telephone hearing proceedings, the Appellant can have a new prior authorization request submitted at any time and additional information could be provided for the Department to consider a medical exception to the five year rule. With the new prior authorization request, a letter should be included from the Appellant's medical doctor (M.D. or D.O) documenting a severe health issue that requires proper nutrition. Such a letter would need to be on actual letterhead, not a prescription form, and document why the dentures are needed prior to the 5 year time frame relating to specific medical condition(s). (Medicaid [REDACTED] Testimony)

### **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 complete denture and a lower partial denture based on the submitted information.

