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.	
Appellant/		
DECISION AND ORDER		
	rsigned Administrative Law Judge (Asseq upon the Appellant's request for	, ·
After due notice, a hearing was appeared and testified. Department. the Department.		, the Appellant, , represented the ared as a witness for
ISSUE		
Did the Department properly dupper complete denture and a	eny the Appellant's request for pric lower partial denture?	or authorization for an
FINDINGS OF FACT		
The Administrative Law Judge evidence on the whole record,	e, based upon the competent, ma finds as material fact:	terial and substantial
1. The Appellant is a Medic	caid beneficiary.	
	, the Department received a prior denture and a lower partial denture e 7)	
qualify for the requested	n upper partial <u>denture was placed</u>	The Appellant's case

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- 4. On Exhibit 1, pages 5-6) the Department sent a Notice of Denial to the Appellant.
- 5. On 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

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 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 hyperplasic 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.

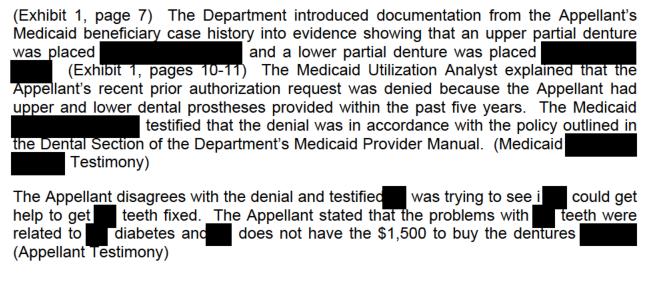
Complete or partial dentures are not authorized when:

- 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.

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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

(Exhibit 1, pages 10-11) The information provided on both the prior authorization request and the 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

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.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

/S/

Colleen Lack
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

CC:



Date Mailed: <u>03/22/13</u>

*** 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.