

**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.** 2013-36469 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 her own behalf. ██████████ Appeals Review Officer, represented the Department. ██████████, Medicaid Utilization Analyst, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny the Appellant's ██████████ request for prior authorization for an upper 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 or about ██████████, the Department received a prior authorization request for upper and lower partial dentures from the Appellant's dentist. (Exhibit 1, page 7)
3. On ██████████, the Department approved the lower partial denture and determined that the Appellant did not qualify for the requested upper partial denture because she will have eight posterior teeth in occlusion once the approved lower partial denture is placed, based on the information provided from the dentist. (Medicaid Utilization Analyst Testimony; Exhibit 1, page 7)
4. On ██████████, the Department sent the Appellant a Notice of Denial indicating the requested upper partial denture was denied. (Exhibit 1, pages 5-6)

5. On ██████████ the Michigan Administrative Hearing System received the Appellant's Request for Hearing. (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, January 1, 2013, page 4.*

*MDCH Medicaid Provider Manual, Dental Section, 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.

Medicaid Provider Manual, Dental Section,  
January 1, 2013, Pages 17-18  
(emphasis added by ALJ)

The Department introduced evidence that the Appellant will have eight posterior teeth in occlusion once the approved lower partial denture is placed, based on the information provided from the dentist. (Medicaid Utilization Analyst Testimony; Exhibit 1, page 7) The Medicaid Utilization Analyst testified that this was the reason the prior authorization request for the upper 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 disagrees with the denial and testified she has been through a lot since ██████████ including several surgeries and infections. The partials help straighten her mouth. The Appellant testified that they had to take another tooth out, and now she only has 7 back teeth that bite together. The Appellant understood that her dentist submitted another prior authorization request in late ██████████ or ██████████ (Appellant Testimony)

The ██████████ prior authorization request documented the pertinent dental and medical history of nasopharyngeal carcinoma status post chemo and radiation therapy as well as TMJ dysfunction status post total joint replacement. (Exhibit 1, page 7)

While this ALJ has sympathy for the Appellant's circumstances, the Department provided sufficient evidence that the Appellant will have at least eight posterior teeth in occlusion once the approved lower partial denture is placed and she is not missing any front teeth on the upper 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 upper partial denture must be upheld based on the submitted documentation.

The Medicaid Utilization Analyst indicated the Department has not received a new prior authorization request for the Appellant. If she has not already done so, the Appellant may wish to have her dentist submit a new prior authorization request and include documentation of the more recent extraction.

**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 partial denture based on the submitted documentation.

**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

Date Signed: ██████████

Date Mailed: ██████████

[REDACTED]  
Docket No. 2013-36469 PA  
Decision and Order

CL/db

cc: [REDACTED]

**\*\*\* 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.