

**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. 2013-42464 PA

██████████

██████████

██████████

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 ██████████. The Appellant appeared without representation. ██████████, Appeals Review Officer, represented the Department. ██████████, Medicaid Utilization Analyst appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny Appellant's request for Prior Authorization (PA) of a set of upper and lower complete dentures?

**FINDINGS OF FACT**

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

1. Appellant is a ██████-year-old Medicaid beneficiary, born ██████████ (Exhibit A, p. 7).
2. The Appellant's dentist (██████████ DDS) sought approval for a complete upper and lower denture on ██████████ (Exhibit A, p. 7).
3. On or about ██████████ the request for a complete set of upper and lower dentures was reviewed and denied as the Appellant was shown to have received such prosthesis within the last five years; a complete set of upper and lower dentures were placed and paid for by Medicaid on ██████████ Appellant was advised of her appeal rights. (Exhibit A, pp. 5-6).

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4. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received the instant request for hearing brought by the Appellant. In her request for hearing Appellant stated she needs a new set of dentures due to faulty dental work her dentures never fit correctly. (Exhibit A, p. 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. . . .

Medicaid Provider Manual, (MPM) Practitioner,  
January 1, 2013, p. 4.

Under the general policy instructions for Medicaid related dental services the MPM sets replacement schedules for denture repair and replacement:

**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

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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....

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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.

MPM, Dental, §6.6A, January 1, 2013, pp. 17, 18

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At the hearing the Department witness testified that the Appellant's request was denied for failure to meet policy requirements for prosthesis replacement on a █-year rotation. According to the Department's evidence, the Appellant received a set of upper and lower complete dentures on ██████████ paid for by Medicaid. The Department's witness further stated the Appellant could take her dentures to any dentist who accepts Medicaid to have her dentures adjusted or relined so they would fit properly. (Exhibit A, p. 7 and testimony).

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The Appellant questioned the Department's witness concerning the possibility of getting a new set of dentures if the current ones were not able to be adjusted, and the witness advised that the policy quoted above would not allow payment for a new set of dentures until after [REDACTED]. The Department's witness advised the Appellant that she should contact her case worker who could advise what dentists in the area accept Medicaid so she could make an appointment to have her current dentures adjusted so they would fit more comfortably. Appellant then declined to give testimony.

On review, the Department's decision to deny the request for dentures was reached within policy.

**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 PA of an upper complete denture and a lower complete denture.

**IT IS THEREFORE ORDERED** that:

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

*William D Bond*

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William D. Bond  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

WDB/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.