

**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. 2013-32324 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 ██████████. ██████████ daughter, represented the Appellant. ██████████, 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 upper and lower partial 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. 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 determined that the Appellant did not qualify for the requested partial dentures because she has eight posterior teeth in occlusion, 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 and lower partial dentures were denied. (Exhibit 1, pages 5-6)

5. On [REDACTED], the Michigan Administrative Hearing System received the Request for Hearing filed on the Appellant's behalf. The hearing request was re-submitted on [REDACTED] with the Appellant's signature. (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 has eight posterior teeth in occlusion based on the information provided from the dentist for the [REDACTED] prior authorization request. It was also noted that the Appellant's paid claims history shows a crown was re-cemented for tooth [REDACTED] in [REDACTED]. The status of this tooth was not clear, it is possible it was extracted after [REDACTED] based on the tooth charting completed on the [REDACTED] prior authorization request form. The

Medicaid Utilization Analyst testified the reason the prior authorization request for the upper and lower partial dentures was denied was because the Appellant has at least eight posterior teeth in occlusion, in accordance with the policy outlined in the Dental Section of the Department's Medicaid Provider Manual. (Medicaid Utilization Analyst Testimony; Exhibit 1, page 7)

The Appellant's daughter disagrees with the denial, but testified she understood what was in the exhibit packet. The problem is the Appellant has a large gap on one side of her mouth. Therefore, she must chew on the other side. The Appellant has developed sensitivity and sores on that side of her mouth. (Daughter Testimony)

While this ALJ has sympathy for the Appellant's circumstances, the Department provided sufficient evidence that the Appellant has at least eight posterior teeth in occlusion and she is not missing any front teeth based on the information submitted from the dentist. (Exhibit 1, page 7) Therefore, the Department's denial of the [REDACTED] prior authorization request for upper and lower partial dentures must be upheld based on the submitted documentation.

If there are any changes from or corrections to the information provided with the [REDACTED] prior authorization request, the Appellant may wish to have her dentist submit a new prior authorization request.

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 [REDACTED] request for prior authorization for upper and lower partial dentures 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: [REDACTED]

Date Mailed: [REDACTED]

CL/db

[REDACTED]
Docket No. 2013-32324 PA
Decision and Order

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.