

**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. 2013-32387 REH

██████████

██████████

██████████

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 and testified. ██████████, mother, appeared as a witness for 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 August 28, 2012 request for prior authorization for an upper complete 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 ██████████, the Department received a prior authorization request for an upper complete denture for the Appellant. (Exhibit 1, page 3)
3. On ██████████, the Department determined that the Appellant did not qualify for the requested denture under the 5-year rule. The Appellant's case history indicated that an upper complete denture was placed ██████████. (Exhibit 1, pages 3 and 7)
4. On ██████████ the Department sent a Notice of Denial to the Appellant. (Exhibit 1, pages 4-5)
5. On ██████████, the Appellant's Request for Hearing was received by the Michigan Administrative Hearing System (MAHS). (Exhibit 1, pages 11-14)

6. On [REDACTED], MAHS issued a Notice of Hearing indicating the Appellant's hearing would be held [REDACTED] at [REDACTED] (Exhibit 1, page 6)
7. On [REDACTED], ALJ [REDACTED] issued an Order of Dismissal based on the Appellant's failure to appear for the [REDACTED] hearing. (Order of Dismissal)
8. On [REDACTED], MAHS received the Appellant's request for a new hearing date with documentation of a doctor's appointment on [REDACTED] (Rehearing Request)
9. On [REDACTED], Supervising ALJ [REDACTED] issued an Order Granting Request to Vacate Dismissal. (Order Granting Request to Vacate Dismissal)
10. On [REDACTED], MAHS issued a Notice of Rehearing indicating the Appellant's hearing would be held [REDACTED] at [REDACTED] (Notice of Rehearing)

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, July 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, July 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, July 1, 2012, Pages 17-18
(emphasis added by ALJ)*

On ██████████, the Department received a prior authorization request for an upper complete denture for the Appellant. (Exhibit 1, page 3) The Department introduced documentation from the Appellant's Medicaid beneficiary case history into evidence showing that an upper complete denture was placed ██████████ (Exhibit 1, page 7) The Medicaid Utilization Analyst explained that the Appellant's recent prior authorization request was denied because the Appellant had an upper complete denture provided within the past five years. The Medicaid Utilization Analyst testified that the denial was in accordance with the policy outlined in the Dental Section of the Department's Medicaid Provider Manual. (Medicaid Utilization Analyst Testimony)

It was also noted that the prior authorization request referenced an allegation file number. (Exhibit 1, page 3) The Medicaid Utilization Analyst contacted the Department of Licensing and Regulatory Affairs (LARA) about the allegation case. The response emailed to the Medicaid Utilization Analyst indicated there was an investigation of the Appellant's dentist regarding the complaint about the denture made for the Appellant and the file was closed following investigation and expert review on ██████████ based on no violation of the public health code. (Exhibit 1, page 10; Medicaid Utilization Analyst Testimony)

The Appellant's testimony indicated she was not aware a new prior authorization request was made for an upper complete denture for her. Rather, the Appellant took the ill-fitting denture to another dentist just to get a written opinion regarding the problems with that denture and the need for a new denture to be made for the Appellant. The Appellant described the process she went through getting the upper denture made in ██████████, her attempts to refuse the denture and have that dentist re-make a properly fitting denture, that she ultimately took possession the denture so she could have proof of how poorly it was made and that dentist's attempts to modify the poorly made denture. The Appellant called the insurance to complain as soon as she got home the day she received the denture to try to prevent payment to that dentist for the poorly made denture. Further, the Appellant stated the investigator who met with her indicated they had nothing to do with dentures, this was not a Public Health Code case and she would be withdrawing the investigation. The Appellant never received any written documentation of the outcome of the investigation. The Appellant described the problems with that denture, including: the teeth are too big, it does not fit her mouth, she cannot eat or drink with it, she rarely wears it, and that when it is in place she cannot close her mouth and it pulls her upper lip. (Appellant and Mother Testimony)

It appears that the second dentist the Appellant saw provided the written opinion of the existing upper complete denture on a Dental Prior Authorization Request form. (Exhibit 1, page 3) While it may not have been intended to be a new request for an upper complete denture for the Appellant, when it was received by the Department's Program Review Division it was processed as such and prior authorization was denied. (Exhibit 1, pages 3-5) As explained during the telephone hearing proceedings, this hearing is limited to reviewing whether the Department properly denied the ██████████ prior authorization request and there is no jurisdiction over the investigation process.

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 complete denture placed ██████████ (Exhibit 1, page 7) The Appellant's testimony acknowledged that she took possession of that denture from the dentist. While the evidence indicates a complaint was made about that denture, there is no evidence that an investigation resulted in the Department recouping the payment for the ██████ denture from the dentist, which would have allowed for a new denture to be authorized for the Appellant. Rather, the response from LARA states the file was closed following investigation and expert review on ██████████ based on no violation of the Public Health Code. (Exhibit 1, page 10) The Department provided sufficient evidence that the denial of the ██████████ prior authorization request was in accordance with policy based on the available information.

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 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

Date Signed: ██████████

Date Mailed: ██████████

[REDACTED]
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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.