

**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. 2013-42284 PA

██████████

██████████

██████████

Appellant

_____ /

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 ██████████ prior authorization request for a lower 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 ██████████ the Department received a prior authorization request for a lower partial denture from the Appellant's dentist. (Exhibit 1, pages 9-10)
3. On ██████████, the Department determined that the Appellant did not qualify for the requested lower partial denture because she has eight posterior teeth in occlusion with her existing upper partial denture in place, based on the information provided from the dentist. (Medicaid Utilization Analyst Testimony; Exhibit 1, page 9)
4. On ██████████, the Department sent the Appellant a Notice of Denial indicating the requested lower partial denture was denied. (Exhibit 1, pages 7-8)

5. On ██████████, the Michigan Administrative Hearing System received the Appellant's Request for Hearing. (Exhibit 1, pages 3-5)

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 (rebasement) 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 when her existing upper partial denture is in place, based on the information provided from the dentist. Molars and premolars are considered back teeth, which are the last five teeth in all four corners. The Medicaid Utilization Analyst testified this was the reason the prior authorization request for the lower 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; Exhibit 1, page 9)

The Appellant's disagrees with the denial and testified that she has developed an absorption problem because she cannot chew her food properly without a lower partial denture. The Appellant has had a bariatric surgery. The Appellant explained that her top teeth do not meet up with the correct teeth on the bottom to be able to chew. The Appellant has broken the existing upper partial denture twice trying to chew with front teeth. The Appellant wants the lower partial denture to save the teeth she still has and to be able to eat properly. The Appellant is about to lose another tooth on the right side, which might have been prevented if she had a lower partial denture. (Appellant Testimony)

On the prior authorization request form, the Appellant's dentist documented that the Appellant has problems chewing food with only the upper partial denture, is a diabetic and takes daily insulin. The dentist did not document the history of bariatric surgery and development of an absorption problem. (Exhibit 1, page 9) The Medicaid Utilization Analyst confirmed that for the Department to consider a medical exception, a letter is needed from the Appellant's medical doctor documenting medical necessity. Such a letter would need to be on the doctor's letterhead and be very detailed in explaining why dentures are needed relating to specific medical condition(s). The Appellant can have her dentist submit a new prior authorization request, including current tooth charting, x-rays and a letter from the Appellant's doctor. (Medicaid Utilization Analyst Testimony)

While this ALJ has sympathy for the Appellant's circumstances, the tooth chart indicates that the Appellant still has two back teeth on each side on the lower arch (tooth numbers 20, 21, 28, and 29), which would occlude with four back teeth on the existing upper partial denture (tooth numbers 4,5, 12 and 13). The Department provided sufficient evidence that the Appellant has at least eight posterior teeth in occlusion with the existing upper partial denture in place and she is not missing any front teeth based on the information submitted by the dentist. (Exhibit 1, page 9; Medicaid Utilization Analyst Testimony) There was insufficient information submitted to establish a medical exception. Therefore, the Department's denial of the [REDACTED] prior authorization request for a lower partial denture must be upheld based on the submitted documentation.

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 a lower partial denture based on the submitted documentation.

