

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

**Docket No.** 2013-48673 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 and testified. ██████████ 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 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. The Appellant is a Medicaid beneficiary.
2. On ██████████ the Department received a prior authorization request for upper and lower complete dentures from the Appellant's dentist. (Exhibit 1, page 8)
3. On ██████████, the Department determined that the Appellant did not qualify for the requested dentures. The dentist documented the Appellant's existing full dentures were placed in ██████████ but did not provide any reason for denture replacement. (Exhibit 1, page 8)
4. On ██████████, the Department sent a Notice of Denial to the Appellant. (Exhibit 1, pages 6-7)

5. On ██████████ the Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit 1, pages 4-5)

## **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.

### **1.9 PRIOR AUTHORIZATION [RE-NUMBERED 4/1/13]**

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, April 1, 2013, page 4.*

The *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.

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

The *MDCH Medicaid Provider Manual, Dental Section*, also addresses completion instructions:

## **2.2 COMPLETION INSTRUCTIONS**

The Dental Prior Approval Authorization Request form (MSA-1680-B) is used to obtain authorization. (Refer to the

Forms Appendix for instructions for completing the form.) When requesting authorization for certain procedures, dentists may be required to send specific additional information and materials. Based on the MSA-1680-B and the documentation attached, staff approves or disapproves the request and returns a copy to the dentist. Approved requests are assigned a PA number. For billing purposes, the PA number must be entered in the appropriate field on the claim form. An electronic copy of the MSA-1680-B is available on the MDCH website. (Refer to the Directory Appendix for website information.)

*MDCH Medicaid Provider Manual,  
Dental Section, April 1, 2013, Page 3*

On ██████████, the Department received a prior authorization request for upper and lower complete dentures from the Appellant's dentist. The dentist documented the Appellant's existing full dentures were placed in ██████████ but did not provide any reason for denture replacement. (Exhibit 1, page 8) The Medicaid Utilization Analyst explained that the Appellant's recent prior authorization request was denied because the Appellant's existing complete dentures are less than █ years old and the dentist did not provide required information. 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)

The Appellant disagrees with the denial and testified she did not realize the █ year rule went to the month the prior dentures were placed rather than her being eligible for new dentures as of ██████████. The Appellant is using paper towels to hold her upper dentures in. (Appellant Testimony)

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 █-year period. Further, the form instructs dentists to provide the reason for replacement dentures. (Exhibit 1, page 8) The Appellant's dentist documented her existing dentures were placed in ██████████ which was less than █ years ago at the time the Apr ██████████ prior authorization request was received. Further, the dentist did not explain why replacement dentures were needed, ex. worn, ill fitting, broken, etc. The Department provided sufficient evidence that its denial was in accordance with policy based on the available information at that time.

As discussed during the telephone hearing proceedings, the Appellant was very close to the █ year time limit. If she has not already done so, the Appellant can have a new prior authorization request submitted at any time with the reason replacement dentures are needed provided on the form. (Medicaid Utilization Analyst Testimony)

