

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

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IN THE MATTER OF:

**Docket No.** 2013-54636 PA

██████████

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██████████

Appellant

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**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. The hearing record was left open for the Appellant to fax in another copy of a letter she had included with her Request for Hearing, which was received on ██████████. (Exhibit 2)

**ISSUE**

Did the Department properly deny the Appellant's request for prior authorization for an upper 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 an upper partial denture from the Appellant's dentist. (Exhibit 1, page 5)
3. On ██████████, the Department determined that the Appellant did not qualify for the requested denture under the five year rule. The Department's records of the paid claims history showed that an upper partial denture was placed in ██████████ and does not show that the dentist has tried to repay the Department for that denture. (Exhibit 1, pages 5 and 7-9; Medicaid Utilization Analyst Testimony)

4. On ██████████, the Department sent a Notice of Denial to the Appellant. (Exhibit 1, page 6)
5. On ██████████ the Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (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.

### **1.9 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)*

On ██████████, the Department received a prior authorization request for an upper partial denture from the Appellant's dentist. (Exhibit 1, page 5) The Medicaid Utilization Analyst explained that the Appellant's prior authorization request was denied because the Department determined that the Appellant did not qualify for the requested denture

under the five year rule. The Department's records of the Appellant's paid claims history showed that an upper partial denture was placed in ██████████ and does not show that the dentist has tried to repay the Department for that denture. 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. (Exhibit 1, pages 5 and 7-9; Medicaid Utilization Analyst Testimony)

The Appellant disagrees with the denial and testified she returned the prior upper partial denture to the dental provider because even after adjustments they could not make it fit correctly. The Appellant complained to Medicaid and was told to return the denture to the provider and the dentist would re-pay the money they received for the denture. The Appellant got a written letter from the dental provider to document that they received the denture back from her. The Appellant sent a copy of this letter with the Request for Hearing. However, the Appellant indicated that by that time the practice had been bought out and may have changed names and ID numbers utilized for billing. (Appellant Testimony)

The Medicaid Utilization Analyst's testimony indicated that a letter documenting that the Appellant returned the prior upper partial dental to the dental provider may well have changed the Department's determination in this case and submitting a copy of the letter to this ALJ should be sufficient for the Appellant to show she did everything she was supposed to do. (Medicaid Utilization Analyst Testimony)

As noted on the record, the copy of the letter from the prior dental provider was not included in the documents forwarded to this ALJ at the time of the ██████████ telephone hearing proceedings. The Appellant has provided another copy by fax. The ██████████ letter states that the Appellant returned an upper partial denture that had been made for her and was delivered on ██████████. Further, the letter indicates there were never any adjustments or additional fittings made to the denture. (Exhibit 2, page 1) It is noted that there are discrepancies in the date of service for the prior upper partial denture and whether or not adjustments were made. (Exhibit 1, pages 7-9; Exhibit 1, page 2; Appellant Testimony)

The program parameters do not allow for coverage for dental prostheses more than one time in a five-year period. The Department provided sufficient evidence that its denial was in accordance with policy based on the available information at that time. However, the additional information provided for the hearing proceedings documents that the Appellant did return a previous upper partial denture to the dental provider. The Medicaid Utilization Analyst's testimony indicated that such a letter may have changed the determination in this case. Given the discrepancy with the dates of service for the returned upper partial denture and the Department's records of the paid claims history, further consideration is needed by the Department to make a determination on the Appellant's prior authorization request for an upper partial denture. The Department shall issue written notification of the new determination to the Appellant. If the Appellant disagrees with the new determination, another hearing request may be filed at that time.

