

Docket No. 2013-58284 PA
Decision and Order

4. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received the instant request for hearing brought by the Appellant. In her request for hearing Appellant stated she needs an upper denture due to having more extractions and the upper partial is no longer usable. (Exhibit A, p. 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. . . .

Medicaid Provider Manual, (MPM) Practitioner,
April 1, 2013, p. 4.

Under the general policy instructions for Medicaid related dental services the MPM sets replacement schedules for denture repair and replacement:

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,

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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....

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.

MPM, Dental, §6.6A, April 1, 2013, pp. 17, 18

At the hearing the Department witness testified that the request for the lower denture was approved, but the request for the upper denture denied for failure to meet policy requirements for prosthesis replacement on a █-year rotation. According to the Department's evidence, the Appellant received an upper partial denture on █ paid for by Medicaid. (Exhibit A, pp. 7, 11 and testimony).

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Appellant testified that she believed that her upper partial was placed in [REDACTED] and not in [REDACTED]. She claimed to have pictures showing her with the upper partial at [REDACTED] time in [REDACTED] and again in [REDACTED]. Appellant did not submit the pictures during the hearing. Appellant further testified she has had another tooth removed, one that used to anchor the upper partial, and accordingly the upper partial has been rendered useless. Appellant stated she has problems with weight loss and further testified that she is considered to have protein calorie malnutrition. She has trouble with her diet and would like to get a complete set of dentures to alleviate her current dental problems.

The Department's witness advised that the policy quoted above would not allow payment for a new set of dentures until after [REDACTED]. The Department's witness further advised if a physician submitted a statement to her dentist to the effect that the Appellant had a medical condition caused by her missing teeth there is a possibility of the Department granting an exception to the [REDACTED]-year rule, on the submission of a new prior authorization request.

On review, the Department's decision to deny the request for dentures was reached within policy.

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 PA of an upper complete denture and a lower complete denture.

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**.

William D Bond

William D. Bond
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

WDB/db

cc: [REDACTED]

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***** 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.