

**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. 2013-61772 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 without representation. ██████████ Appeals Review Officer, represented the Department. ██████████, Dental Hygienist and Departmental Analyst appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny Appellant's request for Prior Authorization (PA) of a complete upper 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. Appellant is a ██████-year-old Medicaid beneficiary, born ██████████ (Exhibit A, pp. 5, 7).
2. The Appellant's dentist (██████████) sought approval for a complete upper denture on ██████████ (Exhibit A, p. 7).
3. On or about ██████████ the request for complete upper denture was reviewed and the request was denied as the Appellant was shown to have received such prostheses within the last ██████ years; an upper partial denture for the Appellant was placed on ██████████. Appellant was advised of her appeal rights. (Exhibit A, pp. 5-7).
4. On ██████████ the Michigan Administrative Hearing System (MAHS) received a request for hearing from the Appellant. (Exhibit A, p. 4, 10).

**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.

Medicaid covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM). With respect to dental prior authorization requests, the MPM states:

**SECTION 2 – PRIOR AUTHORIZATION**

Prior authorization (PA) must be obtained for certain services identified in this chapter and those dental services identified as requiring PA in the MDCH Dental Database posted on the MDCH website. (Refer to the Directory Appendix for website information.) A PA request is needed only for those services requiring PA.

\* \* \*

**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.) [*Medicaid Provider Manual, Dental Chapter, § 2, July 1, 2013, p. 3*].

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

**Docket No. 2013-61722 PA**  
**Decision and Order**

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....

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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

██████████  
**Docket No. 2013-61722 PA**  
**Decision and Order**

was obtained through Medicaid. [*Medicaid Provider Manual, Dental*, §6.6A, July 1, 2013, pp. 17, 18].

At the hearing the Department witness testified that the request for a complete upper denture was denied for failure to meet policy requirements for prosthesis replacement on a █-year rotation. According to the Department's evidence, the Appellant received a partial upper denture on ██████████ (Exhibit A, pp. 5-7 and testimony).

Appellant testified with her medical conditions, including the fact that her dentist went ahead and puled some of her teeth, it is imperative that she receive an upper denture as soon as possible. She stated her IBS has gotten worse, and she can't use her partial denture because the dentist pulled her teeth.

The Department's witness advised that the policy quoted above would not allow payment for a new complete upper denture until after ██████████ but since they were within █ months of ██████████, the Department would most likely approve a new request if submitted by the Appellant's dentist at this time. ██████████ advised that the Appellant's dentist should include the doctor's statement found on page 10 of Exhibit that was submitted with the Appellant's request for hearing, but not submitted along with the prior authorization request.

On review, the Department's decision to deny the request for a complete upper denture 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 a complete upper denture.

**IT IS THEREFORE ORDERED** that:

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

*William D Bond*

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

Date Signed: ██████████

Date Mailed: ██████████

**Docket No. 2013-61722 PA**  
**Decision and Order**

WDB/db

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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.