

**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:

██████████

Appellant.

_____ /

Docket No. 2013-65013 PA

██████████

██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. Appellant appeared and testified on her own behalf. ██████████ Appeals Review Officer, represented the Department of Community Health. ██████████ Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny 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. Appellant is a ██████ year-old Medicaid beneficiary. (Respondent's Exhibit A, page 7).
2. On or about ██████████ the Department received a prior authorization request filed on behalf of Appellant and requesting a lower partial denture. (Respondent's Exhibit A, page 7).
3. According to that request, Appellant's was already using an removable upper partial denture. (Respondent's Exhibit A, page 7).
4. The request also indicated that Appellant is missing a few bottom teeth. (Respondent's Exhibit A, page 7).
5. However, it is undisputed that, as indicated on the prior authorization request, Appellant has ██████ posterior bottom teeth. (Testimony of Appellant; Testimony of ██████████; Respondent's Exhibit A, page 7).

6. On ██████████, the Department sent Appellant written notice that the prior authorization request was being denied. (Respondent's Exhibit A, pages 5-6).

7. Specifically, that notice provided:

The policy this denial is based on is Section 6.6.A of the Dental Chapter of the Medicaid Provider Manual, which indicates:

Complete or partial dentures are authorized if there are less than ██████ posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth).

Respondent's Exhibit A, page 5

8. On ██████████, the Michigan Administrative Hearing System received a request for hearing filed by Appellant. (Respondent's Exhibit A, 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.

Medicaid covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM). Regarding the specific request in this case, the applicable version of the MPM states in part:

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 (rebasin) 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.

*MPM, July 1, 2013 version
Dental Chapter, pages 17-18
(Emphasis added)*

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying her prior authorization request. Based on the undisputed evidence in this case, Appellant has failed to meet that burden of proof.

The above policy clearly provides that dentures may only be authorized if there are less than ██████ posterior teeth in occlusion, *i.e.* biting together. Here, Appellant is currently missing some of her upper and lower teeth. However, she is already using a removable

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upper denture and she has ██████████ bottom posterior teeth. Accordingly, given the clear policy that dentures are considered occluding teeth, she has ██████████ posterior teeth in occlusion and the Department properly denied the prior authorization request.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly denied Appellant's prior authorization request for a lower partial denture.

IT IS THEREFORE ORDERED THAT:

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

Steven Kibit

Steven Kibit
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: ██████████

Date Mailed: 1 ██████████

SK/db

cc: ██████████
██████████
██████████

***** 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.