

**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. 14-010770 PA

Case No. ██████████

**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 Appellant's request for a hearing.

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

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization (PA) for complete upper and lower 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. Appellant is a ██████-year-old Medicaid beneficiary, born ██████████. (Exhibit A, p 8)
2. Appellant's dentist sought approval for complete upper and lower dentures on ██████████. (Exhibit A, p 7)
3. Appellant received complete upper dentures and a lower partial denture in ██████. (Exhibit A, p 9)
4. On ██████████, the request for complete upper and lower dentures was reviewed and denied because Appellant was shown to have received such prosthesis within the last five years. (Exhibit A, p 8; Testimony)
5. On ██████████, the Department sent Appellant a Notice of Denial. Appellant was further advised of his appeal rights. (Exhibit A, pp 6-7)

6. On ██████████, the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. (Exhibit 1)

### **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, July 1, 2014, page 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, 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 was obtained through Medicaid.

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MPM, Dental, §6.6A, July 1, 2014, pp. 17, 18

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At the hearing the Department witness testified that Appellant's request was denied for failure to meet policy requirements for prosthesis replacement on a 5-year rotation. According to the prior authorization request, Appellant received complete upper dentures and a lower partial denture in ██████. The Department's witness also indicated that, according to policy, it does not matter if Appellant paid for the dentures in ██████.

Appellant testified that the dentist did not provide correct information on the prior authorization request. Appellant indicated that he does not need an upper denture at all, the one he has is fine, but rather needs a new lower denture because the temporary, partial denture placed in ██████ broke. Appellant indicated that the denture now rubs right against his jawbone and is very painful.

In response, the Department's witness indicated that the fact that the information on the prior authorization form is incorrect does not change the Department's decision because

the request was signed by Appellant's dentist and the Department can only go by the information submitted. The Department witness indicated that if the information is incorrect, Appellant can ask his dentist, or a different dentist, to submit a new, correct prior authorization. The Department witness also indicated that temporary dentures are not covered by Medicaid, rather Medicaid would go right to the more secure full partial denture.

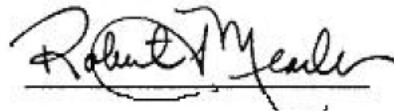
On review, the Department's decision to deny the request for dentures was reached within policy. Appellant received complete upper and lower partial dentures in ██████. As such, he is not eligible for replacement dentures until ██████ and it does not matter if he originally paid for the dentures. Appellant can, however, have his dentist resubmit a corrected prior authorization form, depending on when the temporary lower partial denture was placed.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied Appellant's request for PA for complete upper and lower partial dentures.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.



Robert J. Meade  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Community Health

cc: ██████████  
██████████

RJM ██████

Date Signed: ██████████

Date Mailed: ██████████

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**Decision and Order**

**\*\*\* 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.