

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**  
P.O. Box 30763, Lansing, MI 48909  
(517) 335-2484; Fax: (517) 373-4147

**IN THE MATTER OF:**

██████████,

Appellant.

\_\_\_\_\_ /

**Docket No.** 14-008242 PAC  
**Case No.** ██████████

**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 October 1, 2014. Appellant appeared and testified on her own behalf. ██████████, Appeals Review Officer, represented the Respondent Department of Community Health. ██████████, Medicaid Utilization Analyst, testified as a witness for the Department.

**ISSUE**

Did the Department properly deny Appellant's prior authorization request for 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. (Respondent's Exhibit A, page 6).
2. On ██████████, Medicaid covered the placement of a partial upper denture for Appellant. (Respondent's Exhibit A, page 11; Testimony of Titov).
3. On or about ██████████, the Department received a prior authorization request filed by Appellant's dentist on behalf of Appellant and requesting a complete upper denture. (Respondent's Exhibit A, page 6).
4. That request noted that Appellant has fractured three upper teeth; is unable to get root canals or crowns due to her finances; and Appellant now needs a full upper denture. (Respondent's Exhibit A, page 6).

5. On ██████████, the Department sent Appellant written notice that the request for a complete upper denture was denied. (Respondent's Exhibit A, pages 7-8).

6. 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 not authorized when a previous prosthesis has been provided within five years, whether or not the existing denture was obtained through Medicaid.
- Per Michigan Department of Community Health's database, an upper partial denture was placed 01/2014.

*Respondent's Exhibit A, page 7*

7. On ██████████, the Michigan Administrative Hearing System received a request for hearing with respect to that denial filed by Appellant. (Respondent's Exhibit A, page 14).

## **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:

### **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.

*MPM, July 1, 2014 version  
Dental Chapter, pages 18-19  
(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 states that 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, and, in this case, it is undisputed that Appellant previously received a partial upper denture within one year of the current prior authorization request.

During the hearing, Appellant testified that, since that partial denture was place, she has fractured three of her upper teeth and that she has only has one upper tooth left. She also testified that she needs to have that remaining tooth removed and to get a complete upper denture in order to have sinus surgery. Appellant further testified that the sinus surgery is medically necessary due to the pain she suffers

However, no need for a complete upper denture in order to have surgery was identified in the prior authorization request as the basis for that request and this Administrative Law Judge's jurisdiction is limited to reviewing the Department's decision in light of the information it had at the time it made that decision. Here, the available information clearly demonstrated that Appellant had previously received a partial upper denture within five years of the current prior authorization request and that there was no applicable exception to the five year rule. Accordingly, the Department properly denied Appellant's request.

**Docket No. 14-008242 PAC**  
**Decision and Order**

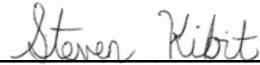
To the extent that Appellant has new or updated information regarding a medical condition that supports a need for a new denture, she can always have her dentist resubmit the prior authorization request to the Department along with supporting documentation from her physician. With respect to the issue in this case, however, the Department's decision must be affirmed given the information available at the time.

**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 complete upper denture.

**IT IS THEREFORE ORDERED THAT:**

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



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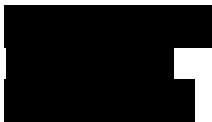
Steven Kibit  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Community Health

Date Signed: October 13, 2014

Date Mailed: October 13, 2014

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.