

**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. 14-016095 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 the Appellant's request for a hearing.

After due notice, a hearing was held on 1/21/15. Appellant appeared by conference phone and testified.

████████████████████, Appeals Review Officer, represented the Department of Community Health (Department). ██████████, Medicaid Utilization Analyst with the Department of Community Health (DCH or Department), appeared as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's request for prior authorization (PA) for lower partial 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 34-year-old female beneficiary of the Medicaid program.
2. On 9/25/14, the Department received a prior authorization request from Appellant's dentist for complete upper dentures, and, partial lower dentures. The Department classified Appellant's application date as the date that the PA was processed-10/3/14. (Testimony; Exhibit A.9).
3. On 10/15/14, the Department issued a notice of determination approving the complete upper dentures and denying the partial lower dentures on the grounds that Appellant had less than 8 posterior teeth in occlusion. (Exhibit A.5).
4. On 11/26/14, the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing.

5. At hearing, Appellant testified that she did not receive a copy of the administrative packet. The undersigned ALJ had 2 copies in the MAHS file. Appellant requested to go forward; the Department indicated that a copy would be sent to Appellant for her records. (Testimony).

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, 2013,¹ 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

¹ This edition of the MPM is identical to the version in place at the time of negative action.

- 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....

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

Evidence in this case indicates that with the approval of a complete upper denture, Appellant will then have eight teeth in occlusion (see Exhibit A.9).

The purview of an administrative law judge (ALJ) is to review the Department's actions, and to make a determination if those actions are correct under policy and procedure. Under Section 6.6A of the Medicaid Provider Manual, complete or partial dentures can only be authorized if there are less than eight teeth in occlusion. Evidence in this case indicates that that Appellant will have eight teeth in occlusion with the placement of the

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complete upper denture. Thus, under the above cited authority, there is no eligibility. This ALJ finds that the denial is consistent with Department's policy and thus, must be upheld.

It is noted that Appellant's MA category was previously HMP (11) effective ██████████; changed to ██████████ (██████ on ██████████; and will be changed to ██████████ (11) on ██████████. (Testimony). The Department testified that Appellant's plan at the time the Department processed the case was the ██████████. The Department noted that Appellant needs to obtain her approved complete upper dentures within a short time period, and, may be eligible for further dental benefits when she is changed into the ██████████ (11).

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department's denial of Appellant's request for a partial lower denture was correct.

IT IS THEREFORE ORDERED that:

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



Janice Spodarek
Administrative Law Judge
for Nick Lyon, Director

Michigan Department of Community Health

Date Signed: January 23, 2015

Date Mailed: January 26, 2015

JS/las

cc: ██████████
██████████
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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

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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.