

**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. 2014-12624 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 without representation. ██████████, Appeals Review Officer, represented the Department of Community Health (Department). Her witness was ██████████, Medicaid Utilization Analyst.

During the hearing, Appellant's phone cut out. When another call was placed to him, his voice mail was reached and a message was left, asking him to call back to continue the hearing. Appellant never called back. As such, the hearing concluded in his absence.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization (PA) for upper 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 ██████-year-old Medicaid beneficiary, born ██████████. (Exhibit A, p 7)
2. Appellant testified that he needs upper partial dentures in order to chew food. (Exhibit 1; Testimony)
3. Appellant's dentist sought approval for upper partial dentures on ██████████. (Exhibit A, p 7)

4. On ██████████, the request for upper partial dentures was denied because an upper partial denture prior authorization request must also include the prognosis of six sound teeth, which this prior authorization was lacking. Appellant was further advised of her appeal rights. (Exhibit A, pp 5-6)
5. 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, January 1, 2014,<sup>1</sup> 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

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<sup>1</sup> 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....

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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.

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

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At the hearing the Department witness testified that Appellant's request for upper partial dentures was denied because an upper partial denture prior authorization request must also include the prognosis of six sound teeth, which this prior authorization was lacking. The Department witness indicated that, per policy, Appellant did not, therefore, qualify for upper partial dentures at the time.

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**Decision and Order**

As indicated above, Appellant's phone cut out during the hearing and he did not return a message left on his voice mail to continue the hearing.


On review, the Department's decision to deny the request for dentures was reached within policy. As indicated above, an upper partial denture can only be approved if the prior authorization request includes the prognosis of six sound teeth, which this prior authorization was lacking. As such, the Department's decision must be upheld.

**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 for upper partial dentures.

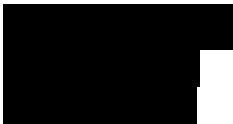
**IT IS THEREFORE ORDERED** that:

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



Robert J. Meade  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

cc:



Date Signed: January 23, 2014

Date Mailed: January 23, 2014

**\*\*\* 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.