

**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. 2014-26675 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 March 19, 2014. Appellant appeared without representation. ██████████, Appeals Review Officer, represented the Department of Community Health (Department). Her witness was ██████████, Medicaid Utilization Analyst.

**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 ██████-year-old Medicaid beneficiary, born ██████████. (Exhibit A, p 7)
2. Appellant testified that he needs lower partial dentures because he is a brittle diabetic who has a tough time eating regular food. (Exhibit 1; Testimony)
3. Appellant's dentist sought approval for partial upper and partial lower dentures on ██████████ (Exhibit A, p 8)
4. On ██████████ the request for partial upper dentures was approved but the request for lower partial dentures was denied because, with the placement of the partial upper dentures, Appellant had 8 teeth in occlusion (i.e. biting together). Appellant was further advised of his appeal rights. (Exhibit A, pp 5-7)
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, 2013,<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
- 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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<sup>1</sup> This edition of the MPM is identical to the version in place at the time of negative action.

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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, April 1, 2013, pp. 17, 18

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At the hearing the Department witness testified that Appellant's request for lower partial dentures was denied because, after placement of the approved partial upper dentures, Appellant had 8 teeth in occlusion. The Department witness indicated that, per policy, Appellant did not, therefore, qualify for lower partial dentures at the time.

Appellant chose not to offer any testimony at the hearing. In his request for hearing, Appellant indicated that he is a brittle diabetic who has difficulty chewing regular food.

The Department witness advised that she had no documentation of Appellant's medical condition when the decision in this matter was made and that she can only base her decision on the information provided to her. The Department witness did indicate that Appellant could resubmit a prior authorization request for lower partial dentures if she included a note from her doctor, on the doctor's letterhead, indicating specifically why the lower partial dentures would also be needed.

On review, the Department's decision to deny the request for dentures was reached

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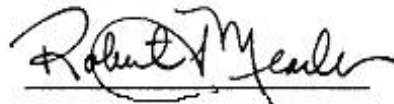
within policy. Following the placement of his upper partial dentures, Appellant will have 8 teeth in occlusion. As the Department witness pointed out, should Appellant lose one of his lower teeth, he could resubmit a prior authorization request, which would likely be approved.

**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 lower 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: March 20, 2014

Date Mailed: March 20, 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.