

**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.** 2014-35788 PA

██████████ ██████████

**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 the Appellant's request for a hearing.

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

**ISSUE**

Did the Department properly deny Appellant's prior authorization request for a partial lower 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 9).
2. On or about ██████████, the Department received a prior authorization request filed on behalf of Appellant and requesting partial upper and lower dentures. (Respondent's Exhibit A, page 9).
3. The chart submitted as part of that request indicated that Appellant has ██████ lower posterior teeth and no upper posterior teeth. (Respondent's Exhibit A, page 9; Testimony of ██████████).
4. On ██████████, the Department sent Appellant written notice that the prior authorization request for a partial upper denture was approved. (Respondent's Exhibit A, pages 7-8)

5. That same day, the Department also sent Appellant written notice that the prior authorization request for a partial lower denture was denied. (Respondent's Exhibit A, pages 5-6).

6. Specifically, that notice of denial 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 authorized if there are less than ██████ posterior teeth in occlusion (fixed bridges and dentures are considered to occluding teeth).

*Respondent's Exhibit A, page 5*

7. On ██████████, the Michigan Administrative Hearing System received the request for hearing filed by Appellant in this matter. (Respondent's Exhibit A, page 4).

## **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 (rebasin) 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, April 1, 2014 version  
Dental Chapter, pages 17-18  
(Emphasis added)*

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying the 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 partial dentures will only be authorized if there are less than ██████ posterior teeth in occlusion and that dentures are to be considered occluding teeth. Here, Appellant is currently missing all of his upper posterior teeth and some of his lower posterior teeth. However, after the approved partial upper dentures are installed, he will have ██████ posterior teeth in occlusion. Per policy, dentures are considered occluding teeth and, while Appellant has not yet received his partial upper dentures, they have already been approved and the Department properly took the approved dentures into account when reviewing the request for a partial lower denture.

Given the approval of Appellant's request for a partial upper denture, the policy that dentures are considered occluding teeth, and the number of lower posterior teeth Appellant has, Appellant has at least ██████ posterior teeth in occlusion and the Department properly denied the prior authorization request.

**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 partial lower denture.

**IT IS THEREFORE ORDERED THAT:**

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

*Steven Kibit*

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Steven Kibit  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

SK/db

cc: [REDACTED]

**\*\*\* 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.