

**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:**

**Docket No.** 2014-35876 PA

██████████,

██████████

██████████

Appellant.

\_\_\_\_\_ /

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

**ISSUE**

Did the Department properly deny Appellant's prior authorization request for a partial 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 ██████████, the Department received a prior authorization request filed by Appellant's dentist on behalf of Appellant and requesting a partial upper denture. (Respondent's Exhibit A, page 6).
3. That request also specifically noted that Appellant had told her dentist that a previous partial upper denture was more than █████ years old, and that it was now worn down and an ill fit. (Respondent's Exhibit A, page 6).
4. However, in reviewing the request, ██████████ found that Appellant had been provided a partial upper denture and a partial lower denture on ██████████ ██████████, which was within █████ years of the current request. (Respondent's Exhibit A, page 8; Testimony of ██████████).

5. On ██████████, the Department sent Appellant written notice that the request for a partial upper denture was denied. (Respondent's Exhibit A, page 5).
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:

- Per paid history, an Upper Partial Denture were placed ██████████ Complete or partial dentures are not authorized when a previous prosthesis has been provided within █ years, whether or not the existing denture was obtained through Medicaid. Patient does not qualify until ██████████

*Respondent's Exhibit A, page 5*

7. On ██████████, the Michigan Administrative Hearing System received a request for hearing filed by Appellant. (Respondent's Exhibit A, page 4).
8. In that request, Appellant states that she can no longer wear her partial upper denture because it contains nickel and she is allergic to nickel. (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 (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, April 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 █ 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 █ years of the current prior authorization request.

In her request for hearing and testimony during the hearing itself, Appellant asserted that she can no longer wear her partial upper denture because it contains nickel and she is allergic to nickel.

However, that was not the basis for the request identified in the prior authorization request itself. There is no mention of any allergy and the request instead states that Appellant told her dentist that the previously approved partial upper denture was more than █ years old, worn down, and an ill fit.

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. In this case, the available information clearly demonstrated that Appellant had previously received a partial upper denture within █ years of the current prior authorization request and that there was no applicable exception to the █ year rule. Accordingly, the Department properly denied Appellant's request.

[REDACTED]  
Docket No. 2014-35876 PA  
Decision and Order

To the extent that Appellant has new or updated information regarding a medical condition that supports a new partial upper denture, she can always have her dentist resubmit the prior authorization request to the Department along with supporting documentation from her physician.

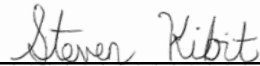
With respect to the issue in this case, however, the Department's decision must be affirmed given the information available at the time.

**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 partial upper denture.

**IT IS THEREFORE ORDERED THAT:**

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



\_\_\_\_\_  
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.