

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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(517) 335-2484; Fax: (517) 373-4147

IN THE MATTER OF:

██████████,

Appellant.

_____ /

Docket No. 15-008775 PA
Case No. ██████████

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 telephone hearing was held on August 6, 2015. Appellant appeared and testified on her own behalf. ██████████, Appeals Review Officer, represented the Department of Health and Human Services (DHHS or Department). ██████████, Medicaid Utilization Analyst, testified as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's prior authorization request for a complete upper denture and 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 ██████████ Medicaid beneficiary. (Exhibit A, page 7).
2. On or about ██████████, the Department received a prior authorization request filed by Appellant's dentist on behalf of Appellant and requesting a complete upper denture and a partial lower denture for Appellant. (Exhibit A, page 7).
3. In that request, the dentist indicated that Appellant previously had a complete upper denture placed on ██████████, but that the denture is not used now, and it cannot be worn or repaired. (Exhibit A, page 7).
4. The request also indicated that, while the dentist would be extracting some lower teeth, Appellant will have four lower posterior teeth remaining. (Exhibit A, page 7).

5. On ██████████, the Department sent Appellant written notice that the request for a complete upper denture and a partial lower denture had been denied. (Exhibit A, pages 5-6).

6. Specifically, that notice of denial stated:

The policy this denial is based on is Section 6.6.A of the Dental chapter of the Medicaid Provider Manual, which indicates:

- Per MDCH database, a Complete Upper Denture was placed 05/10/2013. Complete or partial dentures are not authorized when a previous prosthesis has been provided within 5 years, whether or not the existing denture was obtained through Medicaid.
- Complete or partial dentures are authorized if there are less than eight posterior teeth in occlusion (fixed bridges and dentures are considered to occluding teeth). Policy 6.6.A

Exhibit A, page 5

7. On ██████████, the Michigan Administrative Hearing System (MAHS) received the request for hearing filed in this matter. (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 statutes, 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 when one or more of the following conditions exist:

- One or more anterior teeth are missing.
- There are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth).
- An existing complete or partial denture cannot be made serviceable through repair, relining, adjustment, or duplicating (rebasin) procedures.

If an existing complete or partial denture can be made serviceable, the dentist should provide the needed restorations to maintain use of the existing removable prosthesis. This includes extracting teeth, adding teeth to the existing prosthesis, and removing hyperplastic tissue as necessary to restore the functionality of the complete or partial denture.

Before the final impressions are taken for the fabrication of a complete or partial denture, adequate healing necessary to support the prosthesis must take place following the completion of extractions and/or surgical procedures. This includes the posterior ridges of any immediate denture. When an immediate denture is authorized involving the six anterior teeth (cuspid to cuspid), this requirement is waived.

Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, and duplications within six months of insertion. This also includes such services necessary for an immediate upper denture when authorized. If any necessary adjustments or repairs are identified within the six month time period but are not provided until after the six month time period, 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.

When denture services have commenced but irreversible circumstances have prevented delivery, the dentist should bill using the Not Otherwise Classified (NOC) procedure code. A copy of the lab bill and an explanation in the Remarks section of the claim must be included. Providers are paid a reduced rate to offset a portion of the costs incurred. It is the expectation that the probability of removable appliances being delivered and follow-up treatment completed is assessed prior to the initiation of treatment to evaluate whether the treatment is appropriate for the specific patient. Contact the Program Review Division (PRD) regarding the requirements for incomplete dentures. (Refer to the Directory Appendix for contact information.)

*MPM, April 1, 2015 version
Dental Chapter, pages 18-19
(Emphasis added)*

Here, the Department's witness testified that Appellant's prior authorization request was denied pursuant to the above policies. Specifically, she noted that the request for a complete upper denture was denied because a previous complete upper denture had been provided within the past five years and that the partial lower denture was denied because, taking into account her complete upper denture, as required by policy, Appellant has eight posterior teeth in occlusion.

In response, Appellant confirmed with the Department's witness that Appellant would qualify for the partial lower denture if she had one less lower posterior tooth. Appellant

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also testified that the complete upper denture she received in 2013 was poorly placed and does not really work correctly.

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 evidence in this case, Appellant has failed to meet that burden of proof. The above policy clearly provides that complete or partial dentures are not authorized when a previous prosthesis has been provided within five years and it is undisputed in this case that Appellant previously had a complete upper denture placed on ██████████. Similarly, the above policy also clearly provides that complete or partial dentures are authorized when there are less than eight posterior teeth in occlusion, with dentures considered to be occluding teeth, and it is undisputed that Appellant has eight posterior teeth in occlusion, *i.e.* her four lower posterior teeth occluding with her complete upper denture.

As discussed by Appellant and the Department's witness, Appellant may consider filing a complaint regarding her previous dentist to the extent she believes that her previous complete upper denture was incorrectly placed. However, regardless of what other options Appellant may have, the Department's decision in this case was clearly proper given the applicable policies and the undisputed evidence, and it must therefore be affirmed.

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 complete upper denture and a partial lower denture.

IT IS THEREFORE ORDERED THAT:

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

Steven Kibit

Steven Kibit
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Health and Human Services

Date Signed: ██████████

Date Mailed: ██████████

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[REDACTED]
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.