

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

P.O. Box 30763, Lansing, MI 48909  
(877) 833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

██████████

Appellant

\_\_\_\_\_ /

Docket No. 15-002526 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 on her own behalf. ██████████, 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 upper and 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's dentist sought approval for upper and lower partial dentures on ██████████. (Exhibit A, p 7)
3. On ██████████, the request for upper and lower partial dentures was denied because Appellant had 8 posterior teeth in occlusion (i.e. biting together). Appellant was further advised of her appeal rights. (Exhibit A, pp 5-6)
4. 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.

Under the general policy instructions for Medicaid related dental services the MPM sets replacement schedules for denture repair and replacement:

### **SECTION 2 – PRIOR AUTHORIZATION**

Prior authorization (PA) must be obtained for certain services identified in this chapter and those dental services identified as requiring PA in the MDCH Dental Database posted on the MDCH website. (Refer to the Directory Appendix for website information.) A PA request is needed only for those services requiring PA.

\* \* \*

### **2.2 COMPLETION INSTRUCTIONS**

The Dental Prior Approval Authorization Request form (MSA-1680-B) is used to obtain authorization. (Refer to the Forms Appendix for instructions for completing the form.) When requesting authorization for certain procedures, dentists may be required to send specific additional information and materials. Based on the MSA-1680-B and the documentation attached, staff approves or disapproves the request and returns a copy to the dentist. Approved requests are assigned a PA number. For billing purposes, the PA number must be entered in the appropriate field on the claim form. An electronic copy of the MSA-1680-B is available on the MDCH website. (Refer to the Directory Appendix for website information.)

*Medicaid Provider Manual  
Dental Chapter, § 2  
January 1, 2015, p 3*

The general instructions for Medicaid coverage for complete and partial dentures during the period when the PA request and denial were made are set forth in the following policy from the Medicaid Provider Manual:

#### **6.6.A. GENERAL INSTRUCTIONS**

Complete and partial dentures are benefits for all beneficiaries. All dentures require prior authorization (PA). Providers must assess the beneficiary's general oral health and provide a five-year prognosis for the

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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 (rebasing) 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.

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 followup 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.)

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At the hearing the Department witness testified that Appellant's request for upper and lower partial dentures was denied because Appellant had 8 posterior teeth in occlusion. The Department witness indicated that she contacted Appellant's dentist to confirm that the charting information submitted with the prior authorization request was correct and was informed that the information was correct. The information submitted indicated that Appellant has posterior teeth numbered 4 and 5 occluding with posterior teeth 29 and 28 and posterior teeth 12 and 13 occluding with teeth 21 and 20. The Department witness also pointed out that Appellant did not meet the criteria for partial dentures for missing an anterior (front) tooth because, while Appellant's Medicaid billing history showed that tooth 9 was removed on ██████████, subsequent billing shows that tooth 9 was restored on ██████████. (Appellant also confirmed that she has all of her front teeth.) The Department witness indicated that, per policy, Appellant did not, therefore, qualify for upper and lower partial dentures at the time.

Appellant testified that when she recently had 12 back teeth pulled (teeth numbered 1, 2, 3, 14, 15 16 on the top and teeth 17, 18, 19, 30, 31, and 32 on the bottom) removed, her dentist assured her that Medicaid would pay for partial upper and lower dentures. Appellant indicated that it is very difficult to chew with only her front teeth.

On review, the Department's decision to deny the request for dentures was reached within policy. While it is very unfortunate that Appellant received incorrect information from her dentist's office, the Department must enforce Medicaid policy as written. Based on the information submitted with the prior authorization request, Appellant has 8 posterior teeth in occlusion. As such, she is not entitled to upper and lower partial dentures at this time paid for by Medicaid.

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**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied Appellant's request for PA for upper and lower partial dentures.

**IT IS THEREFORE ORDERED** that:

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



Robert J. Meade  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Community Health

cc: [REDACTED]

RJM [REDACTED]

Date Signed: [REDACTED]

Date Mailed: [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.