

**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. 15-005365 PA

██████████ ██████████

**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 the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. The Appellant appeared without representation. ██████████, Appeals Review Officer, represented the Department. ██████████, Dental Hygienist and Medicaid Utilization Analyst appeared as a witness for the Department's Prior Authorization Section.

**ISSUE**

Did the Department properly deny Appellant's request for Prior Authorization (PA) of a lower partial 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, born ██████████. (Exhibit A, pp. 5, 7 and testimony).
2. On ██████████, the Appellant's dentist ██████████ ██████████ sought approval for upper and lower partial dentures. (Exhibit A, p. 7 and testimony).
3. On ██████████, the Appellant's PA request for upper and lower partial dentures was denied by the Department. (Exhibit A, pp. 5-6, 7 and testimony).

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4. On [REDACTED], the Department sent written notice to Appellant stating that Appellant's Prior Authorization request for the upper partial denture was being denied because the Appellant was shown to have received such prostheses within the last [REDACTED] years; upper and lower partial dentures were placed on [REDACTED]. Appellant was advised of his appeal rights. (Exhibit A, p. 5-6).
5. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received the instant request for hearing brought by the Appellant. (Exhibit A, p. 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). With respect to prior authorization requests, the MPM states:

**SECTION 2 – PRIOR AUTHORIZATION**

Prior authorization (PA) is only required for those services identified in the Dental Chapter and the Medicaid Code and Rate Reference tool. (Refer to the Directory Appendix for website information.)

\* \* \*

**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, January 1, 2015, Section 2, p. 3*].

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In this case, the Department's witness identified the reason why Appellant's request for upper and lower partial dentures was denied. For the reasons discussed below, this Administrative Law Judge finds that the Department's decision should be sustained.

The *Medicaid Provider Manual, Dental Chapter, Section 6.6 Prosthodontics*, January 1, 2015, covers the available Medicaid benefits for complete and partial dentures. This section states:

**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 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

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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 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.) [*Medicaid Provider Manual, Dental Chapter*, §6.6A, January 1, 2015, pp. 18-19, emphasis added].

At the hearing the Department's witness testified that the request for upper and lower partial dentures was denied for failure to meet policy requirements for prosthesis replacement on a █-year rotation. According to the Department's evidence, the Appellant received upper and lower partial dentures on █. This was based upon the information contained in the Department's database. (Exhibit A, pp. 5-6, 7-8 and testimony).

Appellant testified that he does not need the lower partial denture only the upper partial denture. He said he had gone to the store and some joker hit him in the mouth and knocked one of his teeth out and now his upper partial denture will not fit properly. He said he went to the police but they said they could not help him since he could not identify the person who hit him.

██████████ suggested that Medicaid would cover taking his upper partial to a Medicaid provider and having them add a tooth so his current upper partial would fit him. ██████████ said this would be covered by Medicaid. The Appellant responded that the

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dentist had already told him he could not make the old upper partial work by adding a tooth, that he would need a whole new upper partial denture. [REDACTED] then stated that the Department could not make an exception to the policy in the Medicaid Provider Manual prohibiting a replacement within five years of a previous placement without a police report.

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying his Prior Authorization request for an upper and lower partial denture. Here, Appellant has failed to meet that burden. As described above, the Department's representative properly identified the reason why Appellant's request was denied and this reason establishes a sufficient basis for the denial in this case. Accordingly, the Department's decision must be affirmed.

On review, the Department's decision to deny the request for upper and lower partial dentures was reached within policy.

**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 PA request for upper and lower partial dentures.

**IT IS THEREFORE ORDERED** that:

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

*William D Bond*

William D. Bond  
Administrative Law Judge  
for Nick Lyon, Director

Michigan Department of Health and Human Services

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

WDB/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.