

**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. 15-006392 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 telephone hearing was held on ██████████. Appellant appeared and testified on her own behalf. ██████████, Appeals Review Officer, and ██████████, Medicaid Utilization Analyst, represented the Respondent Department of Health and Human Services (Department).

Respondent's Exhibit A pages 1-11 was admitted as evidence without objection.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization (PA) for a complete 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 Medicaid beneficiary, Date of birth ██████████.
2. On ██████████, Appellant's dentist sought prior approval authorization for complete upper dentures on behalf of Appellant.
3. On ██████████, the Department sent Appellant Notice of Denial based upon Section 6.6B of the Dental chapter of the Medicaid Provider Manual, which indicates: Over dentures or cusil dentures are not a covered benefit.
4. On ██████████, the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. (State's Exhibit A2)

**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:

**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....

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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, Dental, §6.6A, January 1, 2015, pp. 19

Section 6.6B of the Dental chapter of the Medicaid Provider Manual, indicates: Over dentures or cusil dentures are not a covered benefit.

At the hearing the Department witness testified that Appellant's request was denied because she has one tooth which would mean that she would have to have an over denture. Over dentures would need a special attachment fabrication beyond the cost of a complete denture and is not a service which is covered by Medicaid. Appellant did not want to have the tooth removed so that she could have a complete denture placed. Also, in order to have a partial denture approved for placement, Appellant would need at least six sound upper teeth, which Appellant does not have.

Appellant testified that she lost her teeth in her twenties and the one tooth she does have keeps her dentures stable, because she has erosion of bone on the side with no teeth. She needs to keep her one tooth because it keeps her bone from eroding

On review, the Department's decision to deny the request for dentures was reached within policy. The Department has established by the necessary competent, material and substantial evidence on the record that it acted in compliance with Department policy when it denied Appellant's prior authorization request for full upper dentures because she has the need for an over denture rather than a full upper denture, which is not a covered Medicaid benefit. The Department representative did explain to the Appellant that she can have her dentist submit another prior authorization request with medical documentation that she needs to retain the tooth to prevent bone erosion in her jaw and the Department will reconsider her request.

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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 the Appellant's request for prior authorization for upper dentures.

**IT IS THEREFORE ORDERED** that:

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



Landis Y. Lain

Administrative Law Judge  
for Nick Lyon, Director

Michigan Department of Health and Human  
Services

cc: [REDACTED]

LYL [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.