

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

P.O. Box 30763, Lansing, MI 48909  
(517) 335-2484; Fax: (517) 373-4147

**IN THE MATTER OF:**

██████████

Appellant.

\_\_\_\_\_ /

**Docket No.** 15-006847 PA

██████████

██████████

**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 ██████████. 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 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. (Exhibit A, page 32).
2. On or about ██████████, the Department received a prior authorization request filed by Appellant's dentist on behalf of Appellant and requesting upper and lower partial dentures. (Exhibit A, pages 32-34).
3. That request also indicated that Appellant has Sjogren's syndrome. (Exhibit A, page 32).
4. On ██████████, the Department sent Appellant written notice that the request for an upper partial denture had been approved. (Exhibit A, pages 30-31).

5. That same day, the Department also sent Appellant written notice that the request for a lower partial denture had been denied. (Exhibit A, pages 28-29).

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:

- 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 28*

7. On or about ██████████, Appellant's dentist submitted another prior authorization request for a lower partial denture, along with a letter from the dentist stating that Appellant is underweight due to her inability to chew food and that her inability to chew food comes from her missing posterior teeth and her Sjogren's Syndrome. (Exhibit A, pages 35-36).

8. Upon review, the Department again determined that the request could not be approved as Appellant would have ten posterior teeth in occlusion once she receives her upper partial denture. (Exhibit A, page 35; Testimony of ██████████).

9. On ██████████, the Michigan Administrative Hearing System received the request for hearing filed by Appellant in this matter. (Exhibit A, pages 4-27).

10. Along with the request, Appellant attached information regarding Sjogren's syndrome and a letter from her doctor stating in part that:

Sjogren syndrome is a systemic immune-mediated disease of exocrine glands, such as salivary and lacrimal glands. The immune-mediated damage to salivary and lacrimal tissue results in oral and ocular dryness. The complexity of Sjogren syndrome requires multidisciplinary care by a dentist, ophthalmologist, rheumatologist, and primary care provider.

The oral manifestations of Sjogren syndrome include reduced quantity and quality of saliva, increased incidence of caries, dental decay and tooth loss,

mucosal atrophy, salivary gland enlargement, recurrent parotitis, and greater frequency of candidiasis and other oral infections.

Patients suffering from Sjogren syndrome require meticulous dentist-guided oral care, such as frequent visits to a dentist and prescription-strength fluoride, to prevent and treat complications associated with the disease. Even though some medication stimulate saliva excretion, such as cevimeline (Exoxac) and pilocarpine (Salagen), the mainstay of oral treatment for patients with Sjogren syndrome continues to be regular dental care.

*Exhibit A, page 6*

11. The Department reviewed Appellant's new information in preparation for the hearing, but did not change its mind. (Testimony of ██████████).
12. At the time of the hearing, Appellant had not yet received the upper partial denture that was approved. (Exhibit A, page 6).

## **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, January 1, 2015 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 evidence in this case, Appellant has failed to meet that burden of proof.

The above policy clearly states that a partial denture would only be authorized in this case if Appellant has less than eight posterior teeth in occlusion and, here, Appellant will have ten posterior teeth in occlusion, *i.e.* biting together, once she receives the upper partial denture that has been approved.

In response, Appellant testified that she has been diagnosed with Sjogren's syndrome, which is affecting her vital organs and causing her to lose teeth, which in turn is preventing her from chewing food, eating properly, and getting the nutrition she needs. Appellant also testified that she is uncertain if placing an upper partial denture will be enough and that it will be more cost-effective in the long run for the Department to simply approve her request now.

However, the above policy clearly states that partial dentures will only be authorized if there are less than ██████ posterior teeth in occlusion and that dentures are to be considered occluding teeth. Here, Appellant is currently missing some of her upper posterior teeth and some of her lower posterior teeth, but, after the approved upper partial denture is installed, she will have ██████ posterior teeth in occlusion. Per policy, dentures are considered occluding teeth and, while Appellant has not yet received her upper partial denture, it has already been approved and the Department properly took the approved denture into account when reviewing the request for a lower partial denture.

To the extent Appellant argues that the requested partial denture is based on her medical condition, the undersigned Administrative still finds that she has failed to meet her burden of proof. Appellant believes that her medical/nutritional needs will still not be met even after the approved upper partial denture is placed, but the Department's policy clearly provides that ten posterior teeth in occlusion is deemed to be sufficient and nothing in Appellant's testimony, the letter from her dentist, or the letter from her doctor contradicts that policy or addresses why an exception should be made in this case, especially given that Appellant has not even received her approved upper partial denture yet.

Accordingly, the Department's decision must 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 lower partial 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: ██████████

**Docket No. 15-006847 PA**  
**Decision and Order**

SK/db

cc:



**\*\*\* 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.