

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

P.O. Box 30763, Lansing, MI 48909
(517) 373-0722; Fax: (517) 373-4147

IN THE MATTER OF:

██████████

Appellant

_____ /

Docket No. 15-018644 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, an in-person hearing was held on ██████████. Appellant appeared on her own behalf. ██████████, Appeals Review Officer, represented the Department of Health and Human Services (Department). ██████████, Dental Hygienist and Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's request for prior authorization (PA) for an upper 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.
2. On ██████████, Appellant's dentist sought approval for an upper partial denture. (Exhibit A, p 8; Testimony)
3. Appellant received an upper partial denture in ██████████. (Exhibit A, pp. 8 & 10; Testimony)
4. On ██████████, the request for an upper partial denture was reviewed and denied because Appellant was shown to have received an upper partial denture within the last five years. (Exhibit A, p 10; Testimony)
5. On ██████████, the Department sent Appellant a Notice of Denial which advised Appellant of her appeal rights. (Exhibit A, p 6; Testimony)

6. On [REDACTED], 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.

1.10 PRIOR AUTHORIZATION

Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of PA is to review the medical need for certain services. . . .

Medicaid Provider Manual, (MPM)
Practitioner, July 1, 2015, page 4.

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....

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.

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MPM, Dental, §6.6A, July 1, 2015, pp. 17, 18

At the hearing the Department witness testified that Appellant's request was denied for failure to meet policy requirements for prosthesis replacement on a 5-year rotation. According to the prior authorization request, Appellant received an upper partial denture in ██████████.

Appellant testified that she had a heart attack in ██████████, and while she was in the ambulance her glasses and upper partial denture were lost. Appellant testified that the hospital replaced her glasses, but told her she would have to get the denture from Medicaid. Appellant did not dispute the Department's decision; she just requested assistance in getting her denture replaced.

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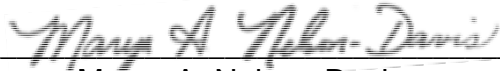
This Administrative Law Judge must uphold the Department's decision to deny Appellant's request for an upper partial denture as it is in accordance with the applicable Medicaid policy. Appellant received an upper partial denture in [REDACTED]. As such, she is not eligible for replacement dentures at this time.

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 an upper partial denture.

IT IS THEREFORE ORDERED that:

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



Marya A. Nelson-Davis
Administrative Law Judge
for Nick Lyon, Director

Michigan Department of Health and Human Services

cc: [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.