

Docket No. 15-020356 PA
Decision and Order

denied. The reason for the denial was that complete or partial dentures are not authorized when a previous prosthesis had been provided within the prior ■ years. (Exhibit A, pp 5, 6; Testimony)

5. On ■ the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. (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.

1.9 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, p 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,

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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.

Medicaid Provider Manual, (MPM)
Dental, April 1, 2015, p 19-20.

At the hearing the Department witness testified that Appellant's request was denied for failure to meet policy requirements for prostheses replacements on a █-year rotation as cited above. According to the Department's evidence, Appellant received dentures in █

The Appellant indicated the dentures placed/fitted in █ no longer were useable and did not fit her mouth properly.

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The role of an ALJ is to determine whether or not the Department's actions were in conformity with the applicable laws and policies. And unfortunately for Appellant, there is no remedy at this administrative hearing.

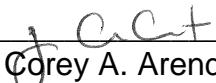
In this case, Section 6.6 does not allow for the authorization of a complete or partial denture when there has been a previous prosthesis provided within [REDACTED] years, even if the denture was not obtained from Medicaid. As the facts herein support the denial under Section 6.6, this ALJ must uphold the denial as it is consistent with Department policy, and federal and state law.

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 dentures.

IT IS THEREFORE ORDERED that:

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



Corey A. Arendt
Administrative Law Judge
for Director, Nick Lyon
Michigan Department of Health and Human Services

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

CAA/db

cc: [REDACTED]
[REDACTED]
[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.