

**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. 15-021005 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 on her own behalf. ██████████, Appeals Review Officer, represented the Department of Health and Human Services (Department). ██████████, Medicaid Utilization Analyst, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization (PA) for upper and lower partial dentures?

**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 ██████████. (Department Exhibit A, p 7)
2. On ██████████, Appellant's dentist sought prior approval for upper and lower partial dentures. (Department Exhibit A, p 7)
3. A beneficiary report shows that Appellant previously received upper and lower partial dentures on ██████████. (Department Exhibit A, p 10)
4. On ██████████, the request for upper and lower partial dentures was reviewed and denied because Appellant was shown to have received upper and lower partial dentures within the last five years. (Department Exhibit A, p 7; Testimony)
5. On ██████████, the Department sent Appellant a Notice of Denial. Appellant was further advised of her appeal rights. (Department Exhibit A,

pp 5-6)

6. On ██████████, the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. (Department 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, October 1, 2015, page 4.

Under the 6.6 Prosthodontics (Removable), the MPM sets forth criteria for authorizing complete or partial dentures:

#### **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 (rebasings) 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.

MPM, Dental, §6.6A, October 1, 2015, pp. 19-20  
(Underline added by ALJ)

At the hearing the Department witness testified that Appellant's prior authorization request was denied because it had been less than five years since the last partial dentures were provided. A beneficiary report shows that Appellant previously received upper and lower partial dentures on ██████████. (Department Exhibit A, p 10; Testimony)

Appellant testified that she cannot use the existing partial dentures. Appellant explained that she has lost additional teeth since the existing partial dentures were provided and she has been told by her dental provider that the existing partial dentures cannot be repaired or have teeth added to them. Appellant also noted that she did not tell the dental provider that it had been more than 5 years since her last partial dentures. Rather, Appellant told the dental provider she did not know when she got partial dentures last. (Testimony)

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**Decision and Order**

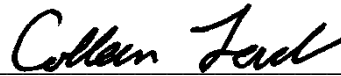
On review, the Department's decision to deny the request for partial dentures was in accordance with the above cited policy. Appellant received upper and lower partial dentures on [REDACTED]. (Department Exhibit A, p 10) This five year limitation applies whether or not the existing partial dentures are usable, lost, or beyond repair. Under the MPM policy, Appellant was not be eligible for the requested partial dentures because it had been less than five years since the last partial dentures were provided.

**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 upper and lower partial dentures.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.



Colleen Lack  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Health and Human  
Services

CL/ [REDACTED]

cc: [REDACTED]

Date Signed: January 26, 2016

Date Mailed: January 27, 2016

**\*\*\* 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.