

**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:**

**MAHS Docket No. 15-022641 PA**

██████████

██████████

██████████

Appellant.

\_\_\_\_\_ /

**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 his 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. On or about ██████████ the Department received a prior authorization request filed by Appellant's dentist on his behalf and requesting a lower partial denture for Appellant. (Exhibit A, page 7).
2. As provided in that request and in the accompanying x-rays, Appellant has eight posterior teeth in occlusion. (Exhibit A, page 7; Testimony of Department's Analyst).
3. On ██████████ the Department sent Appellant written notice that the request for a lower partial denture was denied. (Exhibit A, pages 5-6).
4. Regarding the specific reason for the denial, the notice sent by the Department stated in part: "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 5).

5. On ██████████ the Michigan Administrative Hearing System (MAHS) received the request for hearing filed in this matter. (Exhibit A, page 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 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, October 1, 2015 version  
Dental Chapter, pages 19-20  
(Emphasis added)*

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying his 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 has eight posterior teeth in occlusion, *i.e.* biting together.<sup>1</sup>

In response, Appellant does not dispute the Department's findings, but his testimony and request for hearing do note that he cannot afford the lower partial denture on his own; his dentist has prescribed it; and he needs it. However, that testimony is insufficient in this case given the clear policy and the undisputed evidence that Appellant does not meet that policy.

Appellant also raised an issue regarding unpaid medical bills during the hearing, but the undersigned Administrative Law Judge explained that his jurisdiction is limited to the issue raised in the request for hearing, *i.e.* the denial of a lower partial denture, and that Appellant would have to file a another request for hearing with respect to any other issues he may have.

With respect to the issue in this case, the available information clearly demonstrates that Appellant does not meet the criteria for the lower partial denture and that the Department's decision must therefore be affirmed.

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<sup>1</sup> Notes made by the Department on the prior authorization request itself indicate that Appellant has ten posterior teeth in occlusion, but the Department's witness acknowledged during the hearing that the notes are incorrect and that Appellant only has eight posterior teeth in occlusion.

[REDACTED]  
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**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*

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Steven Kibit  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Health and Human Services

Date Mailed: [REDACTED]

SK/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.