

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

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(877) 833-0870; Fax: (517) 373-4147

**IN THE MATTER OF:**

██████████

Appellant

\_\_\_\_\_ /

**Docket No.** 15-022910 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 ██████████. ██████████, Mental Health Therapist, appeared on Appellant's behalf. Appellant also appeared and testified. ██████████, 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 complete upper and lower 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 ██████████ (Exhibit A, p 7; Testimony)
2. On ██████████, Appellant's dentist sought approval for complete upper and lower dentures. (Exhibit A, p 7; Testimony)
3. Appellant received lower partial dentures on ██████████. (Exhibit A, p 8; Testimony)
4. On ██████████, the request for complete upper and lower dentures was reviewed and denied because Appellant was shown to have received a lower partial denture within the last five years. (Exhibit A, p 7; Testimony)
5. On ██████████, the Department sent Appellant a Notice of Denial. Appellant was further advised of her appeal rights. (Exhibit A, pp 5-6; 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.

Medicaid Policy in Michigan is found in the Medicaid Provider Manual (MPM). With regard to prior authorizations, it states, in pertinent part:

#### **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  
Practitioner Chapter  
October 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, 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  
Dental Chapter  
October 1, 2015, pp 19-20*

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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 lower partial dentures on ██████████. The Department's witness did indicate that the Department has an internal policy and will usually approve requests made within 6 months of the 5 year limit. Since Appellant is now approximately 5 months away from the limit, the Department witness suggested that she have her dentist submit a new request, which would most likely be approved.

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Appellant indicated that she understood the Department's policy and would ask her dentist to submit a new request. Appellant testified that she just saw her dentist today and that because of her diabetes she has had to be on antibiotics for the past 18 months due to issues with her teeth.

On review, the Department's decision to deny the request for dentures was reached within policy. Appellant received partial lower dentures on [REDACTED]. As such, she is not eligible for replacement dentures until [REDACTED]. However, as indicated above, if Appellant's dentist submits a new prior authorization request, it will likely be approved under the Department's exception policy for persons within 6 months of the 5 year limit.

**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 complete upper and lower dentures.

**IT IS THEREFORE ORDERED** that:

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



Robert J. Meade  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of  
Health and Human Services

Date Mailed: [REDACTED]

cc: [REDACTED]

RJM/cg

**\*\*\* 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.