

**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. 15-022384 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 and testified. ██████████, Appeals Review Officer, and ██████████, Medicaid Utilization Analyst, represented the Michigan Department of Health and Human Services (the Department or MDHHS or Respondent).

State's Exhibit A pages 1-10 were admitted as evidence.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization (PA) for 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 Medicaid beneficiary.
2. On ██████████, the Department of Health and Human Services received a prior authorization request on behalf of Appellant for an Upper partial denture.
3. Per MDHHS database, Appellant received an upper partial denture in February 2014.
4. On ██████████, the request was reviewed and denied because Appellant was shown to have received dental prosthesis within the last five years.

5. On ██████████, the Department sent Appellant a Notice of Denial stating that per paid history, Upper Partial Denture was placed ██████████. Complete or partial dentures are not authorized when a previous prosthesis has been provided within five years. Appellant was further advised of her appeal rights.
6. On ██████████, the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. (State's 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 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, April 1, 2014, 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.

•

MPM, Dental, §6.6A, April 1, 2014, pp. 17, 18

\*\*\*

Appellant conceded on the record that she did receive dentures ██████████. Appellant stated that she got a flipper in ██████████ but she had gum disease so the dentist recently pulled all of her teeth and now she needs new dentures as she has no teeth.

On review, the Department's decision to deny the request for dentures was reached within policy. Department records show that dentures were placed for Appellant in ██████████ and paid for by Medicaid as received. As such, Appellant is not eligible for replacement dentures until ██████████ unless the Dentist reimburses Medicaid for the partial that was ██████████. The Dentist was not supposed to perform

[REDACTED]  
Docket No. 15-022384 PA  
Decision and Order

extractions without prior authorization to do so.

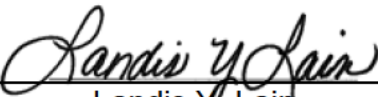
The Department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with Department policy when it denied Appellant's prior authorization request for dentures under the circumstances.

**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 PA for upper dentures.

**IT IS THEREFORE ORDERED** that:

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

  
\_\_\_\_\_  
Landis Y. Lair

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

LYL [REDACTED]

Date Mailed: February 19, 2016

cc: [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.