

STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. Box 30763, Lansing, MI 48909
Phone: (877)-833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

Docket No.: 15-015272-PA

██████████
Appellant
_____ /

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 hearing was held on ██████████ ██████████ Case Worker, appeared on behalf of the Appellant and offered testimony. The Appellant appeared as a witness 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 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 ██████████ (Exhibit A, p 5)
2. On ██████████, the Department received a PA request from ██████████ ██████████ seeking approval on behalf of the Appellant for complete upper dentures and lower partial dentures. (Exhibit A, p 5)
3. On or around ██████████ the Department reviewed the request and approved the complete upper dentures but denied the lower partial dentures as with the approval of the complete upper dentures, the Appellant had at least █ posterior teeth in occlusion. (Exhibit A, pp 6-9; Testimony)

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4. On [REDACTED], the Department sent the Appellant a notice of denial. The notice informed the Appellant the complete upper denture request was approved and the lower partial dentures request was denied. (Exhibit A, pp 6-9; Testimony)
5. On [REDACTED], 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, October 1, 2015, 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, October 1, 2015, pp 19, 20

At the hearing the Department witness testified that Appellant's request for lower partial dentures was denied because with the approval of the complete upper dentures the Appellant would have ■ posterior teeth in occlusion.

The Appellant's Representative and the Appellant indicated the Appellant had few teeth remaining after a couple of lower teeth were removed post denial and that the lower

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dentures were badly needed. Moreover, the Appellant's Representative argued, that the Appellant did not have the financial resources to pay for the dentures herself.

Although I sympathize with the Appellant, my role is solely to determine whether or not the Department's actions were in conformity with the applicable laws and policies at the time they made the decision to deny the request. And based off of the evidence presented, the Appellant had or would have ■ teeth in occlusion with the approval of the complete upper dentures and as such would not be eligible for lower partial dentures.

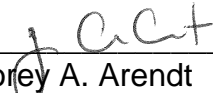
However, if the Appellant's situation has changed (removal of additional teeth) since the time of the denial, the Appellant is encouraged to have a new prior authorization request submitted for a new determination regarding her eligibility for lower dentures.

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 lower partial 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]
[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.