

**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:**

**Docket No. 15-017175 PA**

████████████████████

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██████████

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 the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. The Appellant appeared on her own behalf and offered testimony. ██████████, Appeals Review Officer, represented the Department of Community Health (Department). ██████████, Medicaid Utilization Analyst, appeared as a witness on behalf of the Department.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization (PA) for complete upper dentures under the 5 year rule?

**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 female Medicaid beneficiary, born ██████████. (Exhibit A, p 8)
2. On or around ██████████, the Appellant was approved for upper partial dentures. (Exhibit A, p 9; Testimony)
3. On ██████████, the Appellant received the upper partial dentures. (Exhibit A, p 9; Testimony)
4. On ██████████, the Appellant's dental provider was paid for the placement of the ██████████, upper partial dentures. (Exhibit A, p 9; Testimony)

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5. On [REDACTED], [REDACTED] of [REDACTED] submitted on behalf of the Appellant a prior authorization request for complete upper dentures. (Exhibit A, p 8; Testimony)
6. On [REDACTED] the Department sent the Appellant a notification of denial indicating the [REDACTED] prior authorization request was denied. The reason for the denial was that complete or partial dentures are not authorized when a previous prosthesis had been provided within the prior 5 years. (Exhibit A, pp 6, 7; Testimony)
7. On [REDACTED] the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. (Exhibit A, pp 4, 5)

**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, July 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.

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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....

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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, (MPM)  
Dental, April 1, 2015, p 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 prostheses replacements on a 5-year rotation as cited above. According to the Department's evidence, Appellant received dentures in ██████████

The Appellant indicated she was in constant pain and could no longer wear the upper partial dentures as it had broken one of her teeth and caused extensive damage to her enamel.

The role of an ALJ is to determine whether or not the Department's actions were in conformity with the applicable laws and policies. And unfortunately for Appellant, there is no remedy at this administrative hearing.

In this case, Section 6.6 does not allow for the authorization of a complete or partial denture when there has been a previous prosthesis provided within five years, even if the denture was not obtained from Medicaid. As the facts herein support the denial under Section 6.6, this ALJ must uphold the denial as it is consistent with Department policy, and federal and state law.

**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 dentures.

**IT IS THEREFORE ORDERED** that:

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

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*Corey A. Arendt*  
Corey A. Arendt  
Administrative Law Judge  
for Director, Nick Lyon  
Michigan Department of Health and Human Services

Date Signed: ██████████

Date Mailed: ██████████

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CAA/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.