



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

SHELLY EDGERTON  
DIRECTOR



Date Mailed: [REDACTED]  
MAHS Docket No.: 16-004052  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Janice Spodarek**

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Petitioner's request for a hearing.

After due notice, a hearing was held on [REDACTED]. Petitioner appeared and testified. [REDACTED], Appeals Review Officer, represented the Department of Health and Human Services (Respondent or Department). [REDACTED], Medicaid Utilization Analyst, appeared as a witness on behalf of the Department.

**ISSUE**

Did the Department properly deny Petitioner's request for prior authorization for an upper partial denture (UPD)?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Petitioner is a [REDACTED] year-old female Medicaid beneficiary.
2. On [REDACTED] Petitioner's dentist completed a PA request for upper partial dentures and lower partial dentures. (Exhibit A.8).
3. On [REDACTED] evidence shows that Petitioner received a prior upper placement. (Exhibit A.10).

4. On [REDACTED], the Department issued a denial of on the grounds that “complete or partial dentures are not authorized when a previous prosthesis has been provided within 5 years...” (Exhibit A.6).
5. On [REDACTED] the Michigan Administrative Hearing System (MAHS) received Petitioner’s Request for an administrative hearing. (Exhibit A.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.

### **1.10 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, January 1, 2013,<sup>1</sup> 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

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<sup>1</sup> This edition of the MPM is identical to the version in place at the time of negative action.

- 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.

MPM, Dental, §6.6A, January 1, 2013, pp. 17, 18

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Here, evidence shows that Petitioner had a prior upper placement on [REDACTED]. Under the above cited policy, there is no eligibility pursuant to the 5 year rule.

Petitioner argues that she lost her dentures when her purse was stolen. The Department's witness indicated that if Petitioner had a police report, that it may be taken into consideration regarding an exception. Petitioner testified that she did not file a police report.

A review of the evidence supports the Department's denial of upper partial dentures was in conformance with the Department's policy and procedure approved by the federal law, and thus, the Department's denial must be affirmed.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied Petitioner's request for upper partial dentures based on the 5 year rule based on the evidence here, and thus,

**IT IS, THEREFORE, ORDERED** that:

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

JS/cg



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**Janice Spodarek**

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30763  
Lansing, Michigan 48909-8139

**Agency Representative**

[REDACTED]  
DCH Appeals Section  
P.O. Box 30807  
Lansing, MI  
48909

**DHHS Department Rep.**

[REDACTED]  
320 S. Walnut Street  
Lansing, MI  
48909

**Petitioner**

[REDACTED]

**DHHS -Dept Contact**

[REDACTED]  
CCC Building  
6th Floor  
Lansing, MI  
48919