



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: June 29, 2016
MAHS Docket No.: 16-005036
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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 June 2, 2016. [REDACTED], the Petitioner, appeared on her own behalf. [REDACTED], Appeals Review Officer, represented the Department of Health and Human Services (Department). [REDACTED], Medicaid Utilization Analyst, appeared as a witness for the Department.

During the hearing proceedings, the Department's Hearing Summary Packet was admitted as Exhibit A, pp. 1-11.

ISSUE

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

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 Medicaid beneficiary, born [REDACTED]. (Exhibit A, p. 7)
2. On [REDACTED], Petitioner's dentist sought prior approval for upper and lower partial dentures. (Exhibit A, p. 9)

3. The Department approved the requested lower partial denture. (Exhibit A, p. 9)
4. The Department determined that once the approved lower partial denture was placed, Petitioner would have ten posterior teeth in occlusion, i.e. back teeth that bite together, based on the information provided by the dentist. (Exhibit A, p. 9)
5. On [REDACTED], the Department sent Petitioner a Notice of Denial stating the request for a maxillary (upper) partial denture was denied based on the policy that complete or partial dentures are authorized when there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth). Petitioner was further advised of her appeal rights. (Exhibit A, pp. 7-8)
6. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received Petitioner's Request for Hearing. (Exhibit A, p. 6)

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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.

*MDHHS Medicaid Provider Manual, Practitioner
Section, (April 1, 2016, p. 4).*

Under the 6.6 Prosthodontics (Removable), the Medicaid Provider Manual, Dental Section, sets forth criteria for authorizing complete or partial dentures:

6.6.A. GENERAL INSTRUCTIONS

Complete and partial dentures are benefits for all beneficiaries. All dentures require prior authorization (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 when one or more of the following conditions exist:

- One or more anterior teeth are missing.
- There are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth).
- An existing complete or partial denture cannot be made serviceable through repair, relining, adjustment, or duplicating (rebasing) procedures.

If an existing complete or partial denture can be made serviceable, the dentist should provide the needed restorations to maintain use of the existing removable prosthesis. This includes extracting teeth, adding teeth to the existing prosthesis, and removing hyperplastic tissue as necessary to restore the functionality of the complete or partial denture.

Before the final impressions are taken for the fabrication of a complete or partial denture, adequate healing necessary to support the prosthesis must take place following the completion of extractions and/or surgical procedures. This includes the posterior ridges of any immediate denture. When an immediate denture is authorized involving the six anterior teeth (cuspid to cuspid), this requirement is waived.

Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, and duplications within six months of insertion. This also includes such services necessary for an immediate upper denture when authorized. If any necessary adjustments or repairs are identified within the six month time period but are not provided until after the six month time period, 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.

On [REDACTED], Petitioner's dentist sought prior approval for upper and lower partial dentures. (Exhibit A, p. 9) The Department approved the requested lower partial denture. (Exhibit A, p. 9) The Department determined that once the approved lower partial denture was placed, Petitioner would have ten posterior teeth in occlusion, i.e. back teeth that bite together, based on the information provided by the dentist. (Exhibit A, p. 9) Accordingly, on [REDACTED], the Department sent Petitioner a Notice of Denial stating the request for an upper partial denture was denied based on the policy that complete or partial dentures are authorized when there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth). Petitioner was further advised of her appeal rights. (Exhibit A, pp. 7-8)

Petitioner disagrees with the denial and testified that the tooth charting completed by the dentist on the prior authorization request form is incorrect. Petitioner indicated she does not have any back teeth on the upper right side. (Petitioner Testimony; Exhibit A, p. 9)

The Department provided sufficient evidence that the Appellant will have at least eight posterior teeth in occlusion with the approved lower partial denture in place and that she is not missing any front teeth based on the information submitted by the dentist. (Exhibit A, p. 9) The above cited policy specifies that fixed bridges and dentures are to be considered occluding teeth. Therefore, the Department's denial of the [REDACTED], prior authorization request for the upper partial denture must be upheld because it was in accordance with Department policy based on the information available to the Department at that time.

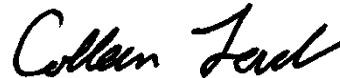
As noted during the hearing proceedings, Petitioner may wish to have her dentist submit a new prior authorization request to the Department with accurate documentation, such as corrections to the tooth charting.

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 prior authorization for an upper partial denture based on the available information at that time.

IT IS, THEREFORE, ORDERED that:

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



CL/cg

Colleen Lack
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]

DHHS Department Rep.

[REDACTED]

Petitioner

[REDACTED]

DHHS -Dept Contact

[REDACTED]