



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: July 19, 2016  
MAHS Docket No.: 16-006987  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Corey Arendt

### **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 July 13, 2016. The Petitioner appeared on his own behalf and offered testimony. [REDACTED], Appeals Review Officer, appeared on behalf of the Department of Health and Human Services (Department). [REDACTED], Medicaid Utilization Analyst, appeared as a witness for the Department.

### **ISSUE**

Did the Department properly deny Petitioner's request for prior authorization (PA) for upper 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. Petitioner is a [REDACTED]-year-old Medicaid beneficiary, born [REDACTED]. (Exhibit A, p. 6).
2. On [REDACTED], the Department received a PA request from [REDACTED]. The request was seeking approval on behalf of the Petitioner for partial upper dentures and lower partial dentures. (Exhibit A, p. 10).
3. On or around May 12, 2016, the Department reviewed the request and approved the partial lower dentures but denied the upper partial dentures as with the approval of the complete lower dentures, the Petitioner had at least 8 posterior teeth in occlusion. (Exhibit A, pp. 6-9; Testimony).

4. On May 12, 2106, the Department sent the Petitioner a notice of denial. The notice informed the Petitioner the complete upper denture request was approved and the lower partial dentures request was denied. (Exhibit A, pp. 6-9; Testimony).
5. On June 1, 2016, the Michigan Administrative Hearing System (MAHS) received Petitioner's Request for Hearing. (Exhibit A, p. 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, 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....

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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, October 1, 2015, pp 19, 20

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At the hearing the Department witness testified that Petitioner's request for upper partial dentures was denied because with the approval of the partial lower dentures the Petitioner would have 8 posterior teeth in occlusion.

The Petitioner indicated, his Dentist was going to possibly recommend additional tooth removal and that he would discuss his options with his Dentist sometime in the near future.

My role is 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. Based off of the evidence presented, the Petitioner will have at least 8 teeth in occlusion with the approval of the partial lower dentures and as such would not be eligible for upper partial 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 Petitioner's request for PA for upper partial dentures.

**IT IS THEREFORE ORDERED** that:

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

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Corey Arendt  
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]

**Petitioner**

[REDACTED]

**DHHS Department Rep.**

[REDACTED]

**DHHS -Dept Contact**

[REDACTED]