



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: October 21, 2016  
MAHS Docket No.: 16-011741  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Steven Kibit**

**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.*, and upon the Petitioner's request for a hearing.

After due notice, a telephone hearing was held on October 18, 2016. Petitioner appeared and testified on her own behalf. [REDACTED], Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). [REDACTED], Medicaid Utilization Analyst, testified as a witness for the Department.

**ISSUE**

Did the Department properly deny Petitioner's prior authorization request for a partial upper and lower 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. On or about June 1, 2016, the Department received a prior authorization request submitted on Petitioner's behalf by a dentist and requesting partial upper and lower dentures. (Exhibit A, pages 10-11).
2. As part of that request, the submitted documentation indicated that Petitioner had four upper posterior teeth biting together with four lower posterior teeth. (Exhibit A, pages 10-11; Testimony of Department's witness).

3. On June 24, 2016, the Department denied Petitioner's prior authorization request pursuant to the policy that complete or partial dentures are only authorized if there are less than eight posterior teeth in occlusion, *i.e.* biting together. (Exhibit A, page 10; Testimony of Department's witness).
4. The Department also sent Petitioner written notice of the denial and the reason for the denial, but the notice identified the wrong policy number for the applicable policy. (Testimony of Department's witness).
5. On August 26, 2016, the Michigan Administrative Hearing System (MAHS) received the request for hearing filed in this matter regarding that denial. (Exhibit A, pages 6-7).
6. On September 8, 2016, the Department sent Petitioner another notice of denial. (Exhibit A, pages 8-9).
7. The same reason for the denial was identified and the incorrect policy number cited in the previous notice was corrected. (Testimony of Department's witness.)

## **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 statutes, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Medicaid covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM). Regarding the specific request in this case, the applicable version of the MPM states:

### **6.6 PROSTHODONTICS (REMOVABLE)**

#### **6.6.A. 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 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 (rebasin) 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.

When denture services have commenced but irreversible circumstances have prevented delivery, the dentist should bill using the Not Otherwise Classified (NOC) procedure code. A copy of the lab bill and an explanation in the Remarks section of the claim must be included. Providers are paid a reduced rate to offset a portion of the costs incurred. It is the expectation that the probability of removable appliances being delivered and follow-up treatment completed is assessed prior to the initiation of treatment to evaluate whether the treatment is appropriate for the specific patient. Contact the Program Review Division (PRD) regarding the requirements for incomplete dentures. (Refer to the Directory Appendix for contact information.)

*MPM, April 1, 2016 version  
Dental Chapter, pages 19-20  
(Emphasis added)*

Here, the Department's witness testified that Petitioner's prior authorization request for partial upper and lower dentures was denied pursuant to the above policy. Specifically, she noted that the request was denied because, per the documentation submitted, Petitioner had at least eight posterior teeth in occlusion, *i.e.* biting together.

In response, Petitioner does not dispute that she has eight posterior teeth in occlusion or that she does not meet the criteria for approval identified in the above policy. Instead, Petitioner testified that she has medical reasons as to why she needs the dentures and that an exception should be made. She also cited a letter from her dentist and a note from her doctor identifying her medical conditions and/or describing the medical necessity for the dentures. However, Petitioner also agreed that the letter and note were not submitted as part of the prior authorization request.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying her prior authorization request. Moreover, the

undersigned Administrative Law Judge reviews the Department's decision in light of the information that was available at the time the decision was made.

Given the undisputed record in this case, Petitioner has failed to meet her burden of proof and the Department's decision must be affirmed. The above policy clearly provides that a partial dentures would only be authorized in this case if Petitioner has less than eight posterior teeth in occlusion and, here, the record demonstrates that Petitioner has eight posterior teeth in occlusion. Moreover, while Petitioner now argues that she needs the dentures for health reasons, that was not the reason identified in the request; it is undisputed that the letter and note regarding any medical basis for the request were not submitted to the Department as part of the request; and the undersigned Administrative Law Judge is limited to reviewing the Department's decision in light of the information that was available at the time the decision was made.

As discussed by the Department's witness, to the extent Petitioner is now asserting that health issues warrant dentures, Petitioner may want to consider having her dentist submit a new prior authorization request along with a letter of medical necessity from her doctor. However, regardless of what other options Petitioner may have, the Department's decision in this case was proper given the applicable policies and the information available at the time, and it must, therefore, be affirmed.

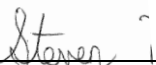
### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied Petitioner's prior authorization request for a partial upper and lower dentures.

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

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

SK/tm

  
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**Steven Kibit**  
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

DHHS Department Rep.

[REDACTED]  
[REDACTED]  
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