



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

[REDACTED]

Date Mailed: [REDACTED]
MAHS Docket No.: 16-000007
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Robert J. Meade

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 Petitioner's request for a hearing.

After due notice, a hearing was held on [REDACTED]. [REDACTED], Appellant's mother, appeared and testified on Appellant's behalf. [REDACTED], Appeals Review Officer, represented the Department of Health and Human Services (Department). [REDACTED], Dental Hygienist and Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Petitioner's request for prior authorization (PA) for complete 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. Petitioner is a [REDACTED]-year-old Medicaid beneficiary, born [REDACTED]. (Exhibit A, p 8; Testimony)
2. On [REDACTED], Petitioner's dentist sought approval for complete upper and lower dentures. (Exhibit A, p 8; Testimony)
3. Petitioner received complete upper dentures on [REDACTED] and complete lower dentures on [REDACTED]. (Exhibit A, pp 8, 12, 14-15; Testimony)

4. On [REDACTED], the request for complete upper and lower dentures was reviewed and denied because Petitioner was shown to have received upper and lower dentures within the last five years. (Exhibit A, p 8, 14-15; Testimony)
5. On [REDACTED], the Department sent Petitioner a Notice of Denial. Petitioner was further advised of his appeal rights. (Exhibit A, pp 6-7; Testimony)
6. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received Petitioner's Request for Hearing. (Exhibit 1)

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.

Medicaid Policy in Michigan is found in the Medicaid Provider Manual (MPM). With regard to prior authorizations, it states, in pertinent part:

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
Practitioner Chapter
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.

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....

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.

At the hearing the Department witness testified that Petitioner's request was denied for failure to meet policy requirements for prosthesis replacement on a 5-year rotation. According to the prior authorization request, Petitioner received complete upper dentures on [REDACTED] and complete lower dentures on [REDACTED].

Petitioner's mother testified that she filed the appeal out of pure frustration with [REDACTED]. Petitioner's mother indicated that she was not aware of the 5 year requirement and Petitioner previously had dentures replaced when they were less than 5 years old. Petitioner's mother testified that the dentures made in [REDACTED] did not fit right and she had to pay out of her own pocket to have them replaced.

In response, the Department's witness indicated that she included information in the appeal packet should Petitioner's mother wish to file a complaint against her son's dental provider. The Department's witness also indicated that when Petitioner's dentures were replaced in [REDACTED], the provider indicated that the request was for an initial dentures placement, so the Department was not aware that Petitioner had dentures prior to that time.

On review, the Department's decision to deny the request for dentures was reached within policy. Petitioner received complete upper dentures on [REDACTED] and complete lower dentures on [REDACTED]. As such, he is not eligible for replacement dentures until [REDACTED].

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 PA for complete upper and lower dentures.

IT IS THEREFORE ORDERED that:

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



RM/cg

Robert J. Meade
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

Authorized Hearing Rep.

[REDACTED]

Petitioner

[REDACTED]

DHHS Department Rep.

[REDACTED]

DHHS -Dept Contact

[REDACTED]