



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
MAHS Docket No.: 16-000115  
[REDACTED]  
[REDACTED]

**ADMINISTRATIVE LAW JUDGE: Steven Kibit**

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge 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 hearing was held on [REDACTED]. Petitioner appeared and testified on his own behalf. [REDACTED] Petitioner's fiancée, also testified as a witness for Petitioner. [REDACTED] Appeals Review Officer, represented the Respondent Department of Health and Human Services (Department). [REDACTED] Medicaid Utilization Analyst, testified as a witness for the Department.

**ISSUE**

Did the Department properly deny Petitioner's prior authorization request 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. (Exhibit A, page 7).
2. On or about [REDACTED], Petitioner's dentist submitted a prior authorization request on Petitioner's behalf and requested complete upper and lower dentures for Petitioner. (Exhibit A, page 9).
3. On or about [REDACTED], the prior authorization request was approved. (Exhibit A, page 9).
4. On or about [REDACTED], the complete upper and lower dentures were placed. (Exhibit A, page 8).

5. The Department also subsequently paid claims submitted by Petitioner's dentist with respect to those placements. (Exhibit A, page 8).
6. On or about [REDACTED], Petitioner's new dentist submitted a prior authorization request on Petitioner's behalf and requested complete upper and lower dentures for Petitioner. (Exhibit A, page 7).
7. On [REDACTED], the Department sent Petitioner written notice that the prior authorization request was denied. (Exhibit A, pages 5-6).
8. Regarding the specific reason for the denial, the notice stated:

The policy this denial is based upon is Section 6.1 of the Dental chapter of the Medicaid Provider Manual, which indicates:

Per MDCH database, CUD/CLD were placed [REDACTED]. Complete or partial dentures are not authorized when a previous prosthesis has been provided within 5 years, whether or not the existing denture was obtained through Medicaid.

*Exhibit A, page 5*

9. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received the request for hearing filed in this matter regarding that denial. (Exhibit A, page 4).

### **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, October 1, 2015 version  
Dental Chapter, pages 19-20  
(Emphasis added)*

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying his prior authorization request and, based on the undisputed evidence in this case, Petitioner has failed to meet that burden of proof.

The above policy clearly states that 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. Here, it is undisputed that Petitioner was previously provided with complete upper and lower dentures in [REDACTED] and

that his current prior authorization request is within five years of that placement. Accordingly, the request was properly denied pursuant to the above policy.

In response, Petitioner and his witness do not dispute the Department's findings, but they also testified that Petitioner's dog ate his complete upper denture after it was placed and that Petitioner therefore needs new ones. Petitioner also testified that he can barely eat or function without dentures, and that he does not like to go out in public.

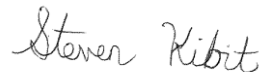
However, while the undersigned Administrative Law Judge sympathizes with Petitioner, the above policy is clear that the Department will only cover dentures once every five years and the undisputed evidence clearly demonstrates that Petitioner does not meet that policy.

### **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 complete upper and lower dentures.

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

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



SK/db

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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

**Agency Representative**

[REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED]

**DHHS Department Rep.**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**DHHS -Dept Contact**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]