



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.: 16-000322  
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, an in-person hearing was held on [REDACTED]. [REDACTED], the Petitioner, appeared on her own behalf. [REDACTED], Son, appeared as a witness for Petitioner. [REDACTED], Appeals Review Officer, represented the Department of Health and Human Services (MDHHS or Department). [REDACTED]n, Medicaid Utilization Analyst, appeared as a witness for the Department.

The hearing was originally scheduled for a telephone hearing on [REDACTED]. Petitioner's [REDACTED] request for an in-person hearing was granted. An in-person hearing was then scheduled for [REDACTED].

During the [REDACTED] hearing proceedings, the Department's Hearing Summary Packet was admitted as Exhibit A, pp. 1-10, and Petitioner's document from [REDACTED] was admitted as Exhibit 1, p. 1.

**ISSUE**

Did the Department properly deny Petitioner's request for prior authorization for an upper complete 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 an upper complete denture. (Exhibit A, p. 7)
3. A beneficiary report shows that Petitioner previously received an upper complete denture in [REDACTED]. (Exhibit A, p. 8)
4. On [REDACTED], the request for an upper complete denture was reviewed and denied because Petitioner was shown to have received an upper complete denture within the last five years. (Exhibit A, p. 7; Testimony)
5. On [REDACTED] the Department sent Petitioner a Notice of Denial. Petitioner was further advised of her appeal rights. (Exhibit A, pp. 5-6)
6. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received Petitioner's Request for Hearing. (Exhibit A, p. 4)

### **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, (October 1, 2015), p. 4.*

Under the 6.6 Prosthodontics (Removable), the Medicaid Provider Manual 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.

*MDHHS Medicaid Provider Manual, Dental*  
Section, (October 1, 2015), pp. 19-20  
(Underline added by ALJ)

At the hearing the Department witness testified that Petitioner's prior authorization request was denied because it had been less than five years since the last complete upper denture was provided. A beneficiary report shows that Petitioner previously received an upper complete denture in [REDACTED]. (Department Exhibit A, pp. 7-8; Testimony)

Petitioner and her son testified that the complete upper denture provided in [REDACTED] was not made correctly. The dentist that made this denture only had medium and large sized molds, and did not have a small mold, which would have been appropriate for Petitioner. Accordingly, the denture was made from a medium sized mold and it does not fit. The denture falls down when Petitioner eats. The denture has caused a sore in Petitioner's mouth. Sometimes, Petitioner goes without eating for a few days. A different dentist has made three attempts to correct the existing denture, but it is just too big to fit correctly. (Exhibit A, p. 4; Exhibit 1; Testimony)

The Department's witness provided Petitioner with the number for the Medicaid Fraud Hotline to report what happened with the denture that Medicaid paid for in [REDACTED]. Petitioner would also want to let them know what the current dentist has tried and the outcome. An investigation would occur, and presumably records would be gathered from both dental providers. The Department's witness explained that if the investigation results in the original dentist having to return the money Medicaid paid for the denture, the Department would then be able to approve a new complete upper denture for Petitioner. Another prior authorization request would be submitted by whichever Medicaid participating dental provider Petitioner chooses for the new denture. (Testimony)

On review, the Department's decision to deny the [REDACTED], prior authorization request for an upper complete denture was in accordance with the above cited policy. Petitioner received an upper complete denture in [REDACTED]. (Exhibit A, p.8) The five year limitation applies whether or not the existing denture is usable, lost, or beyond repair. Under the MPM policy, Petitioner was not be eligible for the requested upper complete denture because it had been less than five years since the last denture was provided.

**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 complete denture based on the available information at that time.

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

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



CL/cg

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**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]

**Petitioner**

[REDACTED]

**DHHS Department Rep.**

[REDACTED]

**DHHS -Dept Contact**

[REDACTED]