



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: March 17, 2016  
MAHS Docket No.: 16-000534  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Landis Y. Lain

**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 telephone hearing was held on [REDACTED]. Petitioner appeared and testified. [REDACTED] translator [REDACTED] appeared to translate for Petitioner. [REDACTED], Appeals Review Officer and [REDACTED], Medicaid Utilization Analyst, represented the Michigan Department of Health and Human Services (the Department or MDHHS or Respondent).

Respondent's Exhibit A pages 1-13 were admitted as evidence.

**ISSUE**

Did the Department properly deny Petitioner's request for Prior Authorization (PA) for 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 Medicaid beneficiary.
2. On [REDACTED], the Department of Health and Human Services received a prior authorization request on behalf of Petitioner for upper and lower dentures.
3. On [REDACTED], the request was reviewed and denied because Petitioner was shown to have received dental prosthesis within the last five years.

4. Per the Department database an upper denture and lower denture were placed [REDACTED]. (Respondent's Exhibit A page 10)
5. On [REDACTED], the Department sent Petitioner a Notice of Denial stating that per Medicaid Policy 6.6.A complete or partial dentures are not authorized when a previous prosthesis has been provided within five years. Petitioner was further advised of appeal rights.
6. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received Petitioner's Request for Hearing. (Respondent's 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 Respondent statute, the Social Welfare Act, the Administrative Code, and the Respondent Plan under Title XIX of the Social Security Act Medical Assistance Program.

#### **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, (MPM)  
Practitioner, April 1, 2014, 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.

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MPM, Dental, §6.6A, April 1, 2014, pp. 17, 18

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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 Department's evidence, Petitioner received a complete dentures on

██████████ and is not eligible to receive new dentures until ██████████. Repair, alignment or adding to teeth to an existing denture is a covered benefit under Medicaid and Petitioner should contact his provider to determine if the dentures can be adjusted or file a fraud complaint to try to get the provider to refund Medicaid so that Petitioner can get another pair of dentures.

Petitioner testified on the record that his dentures were provided to him by ██████████ on ██████████. They are improper and not fit for usage as they are not comfortable and at times damage his inner jaw area. Petitioner testified that he has made several attempts to get Alpha Dental to fix them, but they would not help him. He complained to the Department but no help was given. He would like to go to a different dentist so he can have new dentures made.

On review, the Department's decision to deny the request for dentures was reached within policy. Department records show that dentures were placed for Petitioner on ██████████ and paid for by Medicaid as received. As such, Petitioner is not eligible for replacement dentures until ██████████.

On review, the Department's decision to deny the request for dentures was reached within policy. The department has established by the necessary competent, material and substantial evidence on the record that it acted in compliance with department policy when it denied Petitioner's prior authorization request for dentures because Petitioner has received dentures within the last five years. This Administrative Law Judge has no equity powers and cannot make a decision in contravention of Department policy.

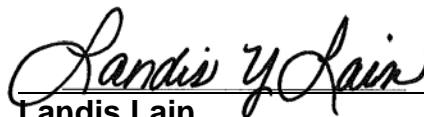
### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Petitioner's request for PA for upper and lower dentures.

**IT IS THEREFORE ORDERED** that:

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

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**Landis Lain**  
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]

**DHHS Department Rep.**

[REDACTED]

**Petitioner**

[REDACTED]

**DHHS -Dept Contact**

[REDACTED]