



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

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MAHS Docket No.: 16-002061
██
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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.*, upon the Petitioner's request for a hearing.

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

ISSUE

Did the Department properly deny Petitioner's request for 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 ██████████ ██████████ ██████████, the Department received a prior authorization request submitted on Petitioner's behalf by her dentist and requesting partial upper and lower dentures for Petitioner. (Exhibit A, page 8).
2. During the review of that request, the Department discovered that it has previously approved and paid for the placement of a partial upper denture on ██████████. (Exhibit A, page 9; Testimony of Analyst).
3. The Department's review of the prior authorization request and accompanying x-rays also revealed that Petitioner has ██████████ lower posterior teeth. (Exhibit A, page 8; Testimony of Analyst).

4. On [REDACTED], the Department sent Petitioner written notice that the prior authorization request for partial upper and lower dentures was denied. (Exhibit A, pages 6-7).
5. Regarding the specific reason for the denial, the notice sent by the Department stated in part:

The policy this denial is based on is Section 6.6.A of the Dental chapter of the Medicaid Provider Manual, which indicates:

- Per MDHHS database, an Upper Partial Denture was 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.
- Complete or partial dentures are authorized if there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth). Policy 6.6.A.

Exhibit A, page 6

6. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received the request for hearing filed in this matter with respect to those denials. (Exhibit A, page 5).

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 (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.

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

Here, the Department's witness testified that Petitioner's prior authorization request was denied pursuant to the above policies. Specifically, she noted that the request for a partial upper denture was denied because the Department had previously approved and paid for the placement of a partial upper denture within the past five years while the request for a lower partial denture was denied because, with the partial upper denture placed, Petitioner has eight posterior teeth in occlusion, *i.e.* biting together and the above policy only authorizes dentures if there are less than eight posterior teeth in occlusion.

In response, Petitioner testified that she does already have a partial upper denture and that she does not know why her dentist requested another one. She also testified that, even with that partial upper denture, she still cannot chew food because of her missing bottom teeth. Petitioner further testified that she has her front teeth on the bottom, but is missing back ones and cannot chew food with the ones she has.

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

With respect to the denial of the partial upper denture, Petitioner has failed to meet her burden of proof and the Department's decision must be affirmed. The above policy clearly provides that complete or partial dentures are not authorized when a previous prosthesis has been provided within five years and it is undisputed in this case that the Department had previously approved and paid for the placement of a partial upper denture within the past five years.

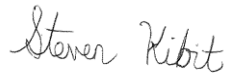
With respect to the denial of a partial lower denture, Petitioner has also failed to meet her burden of proof and the Department's decision must be affirmed. The above policy clearly states that a partial denture would only be authorized in this case if Petitioner has less than [REDACTED] posterior teeth in occlusion and, here, the prior authorization request demonstrates that Petitioner has [REDACTED] posterior teeth in occlusion, *i.e.* biting together, when her partial upper denture is considered. Petitioner may be missing some lower posterior teeth, but she still has [REDACTED] lower posterior teeth and they can bit together with her [REDACTED] upper posterior teeth or dentures. Moreover, while Petitioner testified that [REDACTED] posterior teeth biting together is insufficient for her to chew food, the above policy is clear and the partial lower denture cannot be approved.

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 partial upper and lower dentures.

IT IS, THEREFORE, ORDERED that:

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



SK/db

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]

DHHS Department Rep.

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

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]

DHHS -Dept Contact

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