



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: [REDACTED]  
MAHS Docket No.: 16-002928  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Janice Spodarek**

**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 hearing was held on [REDACTED]. Petitioner appeared and testified. [REDACTED], Appeals Review Officer, represented the Department of Health and Human Services (Department or Respondent). [REDACTED] Medicaid Utilization Analyst, appeared as a witness on behalf of the Department.

**ISSUE**

Did the Department properly deny Petitioner's request for prior authorization for complete upper dentures (CUD)?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Appellant is a [REDACTED] year-old female Medicaid beneficiary.
2. On [REDACTED] Appellant's dentist completed a PA request for CUD on behalf of Petitioner. (Exhibit A.9).
3. On [REDACTED], the Department issued a denial for the CUD on the grounds "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.7).

4. On [REDACTED] Petitioner had complete maxillary dentures placed by [REDACTED]. (Exhibit A.10).
5. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. (Exhibit A.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 statute, the Social Welfare Act, the Administrative Code, and the State 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, January 1, 2013,<sup>1</sup> 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

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<sup>1</sup> This edition of the MPM is identical to the version in place at the time of negative action.

- 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.

MPM, Dental, §6.6A, January 1, 2013, pp. 17, 18

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At the hearing the Department witness testified that Appellant's request was denied under the 5 year rule cited above. This rule states that complete or partial dentures are not authorized when a previous prosthesis has been provided within the past five years. Evidence here shows that Petitioner had a complete maxillary denture placed [REDACTED]. (Exhibit A.9). Under this rule, Petitioner is not eligible for another for 5 years from the date of the last placement.

Petitioner argued at the administrative hearing that the upper denture never fit correctly, that she cannot wear it, and that the dentist has failed or refuses to properly fit the denture. The Department responded that Petitioner's recourse is to contact the Medicaid Fraud Hotline. If the Department can obtain repayment from the dentist, then Petitioner may be eligible for an earlier replacement. That number is 1-855-643-7283. However, as far as this forum is concerned, this ALJ has no authority to review any fraud claim, and thus, the Respondent's decision stands.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that based on the present facts herein, the Department correctly denied Petitioner's request for a complete upper denture, and,

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

The Department's decision is **AFFIRMED**

JS/cg



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**Janice Spodarek**

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]