



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS  
DIRECTOR



Date Mailed: June 21, 2022  
MOAHR Docket No.: 22-001862  
Agency No.: [REDACTED]  
Petitioner: [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 Petitioner's request for a hearing.

After due notice, a telephone hearing was held on June 1, 2022. Petitioner appeared and testified on her own behalf. Leigha Burghdoff, Appeals Review Officer, represented the Respondent, Department of Health and Human Services (DHHS or Department). Erica Titov, Medicaid Utilization Analyst, testified as a witness for the Department.

During the hearing, the Department offered one evidence packet/exhibit that was admitted into the record as Exhibit A, pages 1-13. Petitioner did not offer any exhibits.

### **ISSUE**

Did the Department properly deny Petitioner's prior authorization request for a lower partial 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. On March 25, 2022, the Department received a prior authorization request for a lower partial denture submitted on Petitioner's behalf by a dentist. (Exhibit A, page 9).
2. As part of that request, Petitioner's dentist indicated that Petitioner was missing eight posterior teeth, but that she still had twelve posterior teeth, including ten teeth occluding together, and all her anterior teeth. (Exhibit A, page 9; Testimony of Medicaid Utilization Analyst).
3. On April 13, 2022, the Department sent Petitioner written notice that the request for a lower partial denture had been denied. (Exhibit A, pages 7-8).

4. With respect to the reason for the denial, the notice stated:

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

- Policy 6.6.A. 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). Beneficiary has ten posterior teeth in occlusion.

*Exhibit A, page 7*

5. On April 25, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received the Request for Hearing filed in this matter with respect to that denial. (Exhibit A, pages 5-6).

### **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) and, in part, the applicable version of the MPM states:

#### **6.6 PROSTHODONTICS (REMOVABLE)**

##### **6.6.A. GENERAL INSTRUCTIONS**

Complete dentures, immediate complete dentures, and partial dentures are benefits for all beneficiaries and require PA. Complete or partial dentures are prior 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).

Providers must assess the beneficiary's general oral health and provide a five-year prognosis for the complete or partial denture requested. The provider is expected to evaluate whether the treatment is appropriate for the individual beneficiary, and assess the probability of delivering removable dentures and the beneficiary's compliance with follow-up care.

It is the provider's responsibility to discuss the treatment plan with the beneficiary, including any applicable frequency limits and other pertinent information related to the proposed services, and obtain the beneficiary's agreement with the proposed treatment plan. Documentation of the beneficiary's agreement must be retained in the beneficiary's dental record.

Full mouth/complete series radiographs must be submitted with PA requests for partial dentures. Radiographs are not required to be submitted with PA requests for complete dentures. MDHHS reserves the right to request radiographs if necessary. The following information must be submitted with the MSA-1680-B:

- The appropriate CDT code(s) for the service(s) requested.
- Completed tooth chart documenting missing teeth and teeth that will be extracted.
- Documentation of the soundness of the remaining teeth, if applicable.
- Five-year prognosis for the denture.
- Any pertinent health information (e.g., co-existing health conditions, pregnancy, etc.) that may impact the proposed treatment plan.

PA determinations are made based on review of the documentation submitted and do not guarantee reimbursement. The dentist is responsible for ensuring the completeness and accuracy of all documentation and tooth charting submitted with a PA request. Documentation errors resulting in improper payments may be subject to recovery of reimbursement by MDHHS regardless of authorization.

The following documentation must be retained in the beneficiary's dental record and made available to MDHHS upon request:

- Beneficiary understanding and agreement that another denture is not a covered benefit for five years.
- Beneficiary education addressing all available treatment options and documentation of the beneficiary's understanding and agreement.

Before the final impressions are taken for the fabrication of a denture, adequate healing necessary to support the denture must take place following the completion of extractions and/or surgical procedures.

When billing for a complete or partial denture, the date of service is the date the denture was delivered to the beneficiary. Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, duplication, etc. within six months of insertion.

Complete or partial dentures are not authorized when:

- Medicaid or Medicaid Managed Care has provided a denture in the same arch within five years.
- An adjustment, reline, repair, or rebase will make the current denture serviceable.
- A complete or partial denture obtained through Medicaid within five years has been lost or broken.

*MPM, January 1, 2022 version  
Dental Chapter, pages 22-23  
(Emphasis added)*

Here, the Department's witness testified that Petitioner's prior authorization request for a lower partial denture was denied pursuant to the above policy. Specifically, she noted that the request was denied because Petitioner has ten posterior teeth in occlusion, *i.e.*, biting together, per the documentation submitted. She also testified that the ten teeth occlude based on the chart provided, and the Department did not receive anything from the dentist, like a treatment plan, explaining why the teeth do not occlude or if further teeth are going to be extracted.

In response, Petitioner testified that, due to bone loss, her teeth do not come together or connect as it appears on the charting and that when she bites down, she bites her gums. She also testified that she is diabetic and needs to eat properly for her overall health.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying her prior authorization request. Moreover, the undersigned Administrative Law Judge is limited to reviewing the Department's decision in light of the information available at the time the decision was made.

Given the record and applicable policy in this case, Petitioner has failed to meet her burden of proof and the Department's decision must be affirmed. The above policy clearly provides that a lower partial denture would only be authorized in this case if Petitioner has missing lower anterior teeth or less than eight posterior teeth in occlusion; and, here, the information provided as part of the request demonstrated both that Petitioner has all her lower anterior teeth and ten posterior teeth in occlusion, *i.e.*, biting together, when Petitioner's existing lower teeth are considered. Moreover, while Petitioner testified that her teeth do not occlude as the documentation suggests, her testimony is unsupported and unpersuasive given the charting submitted by her dentist.

To the extent Petitioner has additional or updated information to provide regarding her need for dentures, she can always have another prior authorization request submitted along with that information. With respect to the decision at issue in this case, however, the Department's decision must be affirmed given the information that it was given.

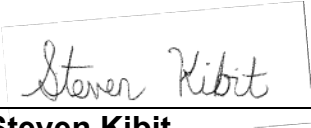
### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied Petitioner's prior authorization request.

**IT IS THEREFORE ORDERED** that:

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

SK/tem

  
**Steven Kibit**  
Administrative Law Judge

**NOTICE OF APPEAL:** Petitioner 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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30763  
Lansing, Michigan 48909-8139

**Via Electronic Mail:**

**DHHS Department Rep.**

M. Carrier  
MDHHS  
Appeals Section  
P.O. Box 30807  
Lansing, MI 48909  
MDHHS-Appeals@michigan.gov

**DHHS Dept Contact**

Gretchen Backer  
400 S. Pine, 6th Floor  
P.O. Box 30479  
Lansing, MI 48909  
MDHHS-PRD-Hearings@michigan.gov

**Agency Representative**

Leigha Burghdoff  
MDHHS  
Appeals Section  
P.O. Box 30807  
Lansing, MI 48909  
MDHHS-Appeals@michigan.gov

**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED], MI [REDACTED]