



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]

Date Mailed: 11/28/2022  
MOAHR Docket No.: 22-004721  
Agency No.: 0019949851  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Robert J. Meade**

**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 November 22, 2022. Petitioner appeared and testified on her own behalf. John Lambert, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Kim Hanson, Medicaid Utilization Analyst, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny Petitioner's request for prior authorization (PA) for complete upper 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. (Exhibit A, p 7; Testimony)
2. On September 6, 2022, the Department received a prior authorization request from Petitioner's dentist for complete upper and complete lower dentures. (Exhibit A, pp 7, 15; Testimony)
3. Records show that Petitioner was approved for a partial upper denture on September 11, 2020. (Exhibit A, pp 7, 16; Testimony)
4. On September 20, 2022, the request for complete lower dentures was approved but the request for complete upper dentures was denied because Petitioner was shown to have received a partial upper denture within the last five years. (Exhibit A, pp 7, 16; Testimony)

5. On September 20, 2022, the Department sent Petitioner a Notice of Amended Authorization and a Notice of Denial, including Petitioner's appeal rights. (Exhibit A, pp 9-10; Testimony)
6. On October 12, 2022, the Department sent Petitioner an Amended Notice of Denial to correct a typographical error regarding the type of denture Petitioner received in 2020. (Exhibit A, pp 13-14; Testimony)
7. On October 17, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, pp 4-5)

## **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 statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Medicaid Policy in Michigan is found in the Medicaid Provider Manual (MPM). With regard to prior authorizations, it states, in pertinent part:

### **SECTION 2 – PRIOR AUTHORIZATION**

Prior authorization (PA) is required for services identified in this chapter and the Medicaid Code and Rate Reference tool. For questions about medically necessary dental services beyond those described in this chapter, providers should contact the MDHHS Program Review Division (PRD). (Refer to the Directory Appendix for website and contact information.)

\* \* \*

### **2.2 COMPLETION INSTRUCTIONS**

The Dental Prior Approval Authorization Request form (MSA-1680-B) is used to obtain authorization. An electronic fill-in enabled version of the MSA-1680-B is available on the MDHHS website. (Refer to the Directory Appendix for website information.)

Providers should use the appropriate CDT code(s) on all PA requests. When requesting medically necessary services for which there is no procedure code, the Not Otherwise Classified (NOC) code is used. Services requested under NOC codes require PA. The MSA-1680-B should only include the procedure(s) that requires PA.

\* \* \*

*Medicaid Provider Manual  
Dental Chapter  
July 1, 2022, p 4*

Under the general policy instructions for Medicaid related dental services the MPM sets replacement schedules for denture repair and replacement:

## **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.

The Department witness testified that Petitioner's request was denied for failure to meet policy requirements for denture replacement on a five-year rotation. According to Department records, Petitioner was approved for a partial upper denture on September 11, 2020. The Department's witness indicated that when the prior partial denture was placed in 2020, the dentist certified to Medicaid that the partial denture would last for at least 5 years, even if the denture needed to be adjusted, added to, or repaired. The Department's witness also indicated that the partial denture can be added to if Petitioner has more teeth removed during the 5-year period.

Petitioner testified that they now want to take all her remaining teeth because she has been having a lot of problems with infections and abscesses over the past 3-4 years. Petitioner indicated that she would rather have her own teeth, but the time has come to get complete dentures. Petitioner admitted that she received the partial denture in 2020 but it began to hurt her when she had more teeth removed. Petitioner also indicated that it was her understanding that nothing could be done to make the partial denture work anymore.

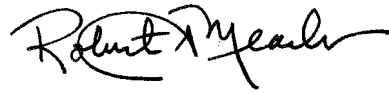
On review, the Department's decision to deny the request for complete upper dentures was reached within policy. Petitioner was approved for upper partial dentures in September 2020. At that time, Petitioner's dentist certified to Medicaid that the partial denture would last at least 5 years, even if adjustments, additions, or repairs needed to be made. As such, Petitioner is not eligible for replacement of the dentures until September 2025, although Petitioner can submit a new request six months prior to the September 2025 date. Furthermore, with additions, Petitioner partial upper denture can be made into a complete denture if Petitioner does need to have all remaining upper teeth removed. However, based on the evidence presented and available to the Department at the time the decision was made, the Department's decision was proper and must be upheld.

**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 complete upper dentures.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

A handwritten signature in black ink, appearing to read "Robert J. Meade", written in a cursive style.

RM/sj

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**Robert J. Meade**  
Administrative Law Judge

**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 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 Contact**

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

**DHHS Department Representative**

M. Carrier  
Department Community Health  
MDHHS  
Lansing, MI 48909  
**MDHHS-Appeals@michigan.gov**

**DHHS Department Representative**

John Lambert  
Appeals Review Officer  
MDHHS Appeals Section  
PO Box 30807  
Lansing, MI 48909  
**LambertJ4@michigan.gov**

**Via First Class Mail:**

**Petitioner**

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