



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
MI [REDACTED]

Date Mailed: July 20, 2020  
MOAHR Docket No.: 20-003791  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW- JUDGE: Colleen Lack**

**DECISION AND ORDER**

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 *et seq*; 42 CFR 438.400 *et seq*; and Mich Admin Code, R 792.11002.

After due notice, a hearing was held on July 15, 2020. [REDACTED] the Petitioner, appeared on her own behalf. Allison Pool, Appeals Review Officer, represented the Department of Health and Human Services (Department). Dianne Redford, Medicaid Utilization Analyst, appeared as a witness for the Department.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-14.

**ISSUE**

Did the Department properly deny Petitioner's prior authorization request for an upper complete denture and 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. Petitioner is an adult Medicaid beneficiary. (Exhibit A, p. 10)
2. On March 10, 2020, Petitioner's dental provider sought prior approval for an upper complete denture and a lower partial denture. The dental provider indicated this would be the initial placement of upper and lower prostheses. (Exhibit A, p. 10)
3. A beneficiary report shows that Petitioner received upper and lower partial

dentures with a date of service of [REDACTED] 2016. (Exhibit A, p. 9; Medicaid Utilization Analyst Testimony)

4. The Department denied the March 10, 2020, prior authorization request for an upper complete denture and a lower partial denture because Petitioner was shown to have received upper and lower dental prostheses within the last five years. (Exhibit A, pp. 7-8; Medicaid Utilization Analyst Testimony)
5. On May 13, 2020, the Department sent Petitioner a Notice of Denial indicating the request for an upper complete denture and a lower partial denture was denied. (Exhibit A, pp. 7-8)
6. On June 16, 2020, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, p. 6)

### **CONCLUSIONS OF LAW**

The Medical Assistance Program (MA) 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.

#### **1.9 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.

MDHHS Medicaid Provider Manual, Practitioner  
Section, (April 1, 2020), p. 4.

Under the 6.6 Prosthodontics (Removable), the Medicaid Provider Manual sets forth criteria for authorizing complete or partial dentures:

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

Complete and partial dentures are benefits for all beneficiaries. All dentures require prior authorization (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 maxillary 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).

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 complete 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 rebasing will make a prosthesis serviceable.
- A complete or partial denture has been lost or broken beyond repair 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.)

MDHHS Medicaid Provider Manual,  
Dental Section, (April 1, 2020), pp. 20-21  
(Underline added by ALJ)

On March 10, 2020, Petitioner's dental provider sought prior approval for an upper complete denture and a lower partial denture. The dental provider indicated this would be the initial placement of upper and lower prostheses. (Exhibit A, p. 10) However, a beneficiary report shows that Petitioner received upper and lower partial dentures with a date of service of [REDACTED] 2016, from a different dental provider. (Exhibit A, p. 9; Medicaid Utilization Analyst Testimony) Accordingly, the Department denied the March 10, 2020, prior authorization request for an upper complete denture and a lower partial denture because Petitioner was shown to have received upper and lower dental prostheses within the last five years. (Exhibit A, pp. 7-8; Medicaid Utilization Analyst Testimony)

Petitioner testified that she kept going back to try to have the partials fixed so that they would fit her mouth, but they never did. Those partials really hurt when Petitioner wore them. The dental office changed ownership. Petitioner has been without teeth for two years and has two teeth that need to be removed. (Petitioner Testimony) The Medicaid Utilization Analyst noted that Petitioner can go to any dental provider in the state that accepts Medicaid for services, such as to have the existing partials worked on to fit her mouth until she is eligible for new dental prostheses in 2021. (Medicaid Utilization Analyst Testimony)

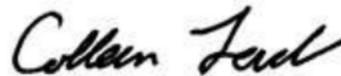
On review, the Department's decision to deny the March 10, 2020, prior authorization request for an upper complete denture and a lower partial denture was in accordance with the above cited policy. The information available to the Department showed that Petitioner previously received upper and lower partial dentures on [REDACTED] 2016. (Exhibit A, p. 9) Under the above cited MPM policy, Petitioner was not eligible for the requested upper complete denture and a lower partial denture because it had been less than five years since the last upper and lower dental prostheses were provided based on the available information.

**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 March 10, 2020, prior authorization request for an upper complete denture and a lower partial denture based on the available information.

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

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



---

**Colleen Lack**  
Administrative Law Judge  
for Robert Gordon, Director  
Department of Health and Human Services

CL/dh

**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

**DHHS -Dept Contact**

Gretchen Backer  
400 S. Pine, 6th Floor  
PO Box 30479  
Lansing, MI 48909

**DHHS Department Rep.**

M. Carrier  
Appeals Section  
PO Box 30807  
Lansing, MI 48933

**Agency Representative**

Allison Pool  
222 N Washington Square  
Suite 100  
Lansing, MI 48933

**Petitioner**

[REDACTED]  
MI [REDACTED]