



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

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

Date Mailed: November 30, 2020  
MOAHR Docket No.: 20-006457  
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 November 25, 2020. Petitioner appeared and testified on his own behalf. Leigha Burghdoff, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Dianne Redford, 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 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. In 2017, Petitioner received a partial upper denture that was paid for by the Department. (Exhibit A, page 8; Testimony of Petitioner; Testimony of Medicaid Utilization Analyst).
2. On March 5, 2020, the Department received a prior authorization request for partial upper and lower dentures submitted on Petitioner's behalf by a dentist. (Exhibit A, page 8).
3. As part of that request, Petitioner's dentist indicated that Petitioner had

partial upper and lower dentures inserted in 2017, but that they were not fitting well and he needs new ones. (Exhibit A, page 8).

4. Petitioner's dentist also indicated that Petitioner was missing four lower posterior teeth, but that he still had six lower posterior teeth and all his lower anterior teeth. (Exhibit A, page 8).
5. On May 8, 2020, the Department sent Petitioner written notice that the request for partial upper and lower partial dentures had been denied. (Exhibit A, pages 6-7).
6. 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:

- D5211 \*Policy 6.6.A. 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. Per MDHHS database, an upper denture was placed 06/15/2017.
- D5212 \*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). The beneficiary has twelve posterior teeth in occlusion with the placement of an upper partial denture.

*Exhibit A, page 6*

7. On October 14, 2020, the Michigan Office Administrative Hearings and Rules (MOAHR) received the request for hearing filed in this matter regarding the Department's decision. (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) and, in part, 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 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 duplication will make them 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.)

*MPM, January 1, 2020 version  
Dental Chapter, pages 20-21  
(Emphasis added)*

Here, the Department's witness testified that Petitioner's prior authorization request for partial upper and lower dentures was denied pursuant to the above policies. Specifically, she noted that the request was denied because, per the documentation submitted and the Department's records, Petitioner was previously provided with a partial upper denture within the past five years and Petitioner will have twelve posterior

teeth in occlusion, *i.e.* biting together, when considering his remaining teeth and that upper denture.

In response, Petitioner testified that, while he received a partial upper denture in 2017, it did not fit correctly and, despite going back to the dentist's office four or five times, the dentist did not adjust it. Petitioner also testified that the dentist ultimately took the denture back. Petitioner could not explain why his testimony contradicts the information provided in the request in this case by his new dentist.

The Department's witness then testified that, per policy, Petitioner's former dentist was responsible for any necessary adjustments required within six months of the placement.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying his prior authorization request. Moreover, the undersigned Administrative Law Judge is limited to reviewing 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 his burden of proof and the Department's decision must be affirmed.

The above policy expressly 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 Petitioner had a partial upper denture placed within the past five years. Similarly, while the Department does not have any record of it and Petitioner denies receiving one, the prior authorization submitted by Petitioner's own dentist expressly provides that Petitioner had a partial lower denture placed within the past five years as well.

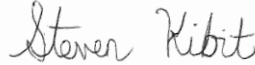
Moreover, even if Petitioner has not received a partial lower denture within the past five years, the above policy also clearly provides that a partial lower denture would only be authorized in this case if Petitioner has missing lower anterior teeth or less than eight posterior teeth in occlusion, and, here, the information provided as part of the prior authorization request demonstrated both that Petitioner has all his lower anterior teeth and twelve posterior teeth in occlusion, *i.e.* biting together, when the previously-provided upper denture and Petitioner's existing lower posterior teeth are considered.

## 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/sb

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**Steven Kibit**

Administrative Law Judge  
for Robert Gordon, 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 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  
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PO Box 30479  
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**DHHS Department Rep.**

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**Petitioner**

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