



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

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██████████, MI ██████████

Date Mailed: April 14, 2021  
MOAHR Docket No.: 21-001169  
Agency No.: ██████████  
Petitioner: ██████████

**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 hearing was held on April 13, 2021. Petitioner appeared and testified on her own behalf. Emily Piggott, Appeals Review Officer, represented 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 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. Petitioner is a ██████-year-old Medicaid beneficiary, born ██████████. (Exhibit B, p 2; Testimony)
2. On January 27, 2021, Petitioner's dentist sought approval for complete upper and lower dentures for Petitioner. (Exhibit B, p 2; Testimony)
3. Records show that Petitioner was approved for complete upper and lower dentures through Medicaid on or about November 8, 2017. (Exhibit A, pp 9-10; Testimony)
4. On February 22, 2021, the request for complete upper and lower dentures was reviewed and denied because Petitioner was shown to have received dentures within the last five years. (Exhibit A, pp 7-8; Testimony)

5. On February 22, 2021, the Department sent Petitioner a Notice of Denial, including Petitioner's appeal rights. (Exhibit A, pp 7-8; Testimony)
6. On March 10, 2021, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, p 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.

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

### **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. . . .

*Medicaid Provider Manual  
Practitioner Chapter  
January 1, 2021, 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 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. Complete upper and lower dentures PA request must also include the prognosis of six sound 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).

- An existing complete or partial denture cannot be made serviceable through repair, relining, adjustment, or duplicating (rebasing) procedures.

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 upper 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.
- 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.

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.)

*Medicaid Provider Manual  
Dental Chapter  
January 1, 2021, pp 19-20  
Emphasis added.*

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 dentures through Medicaid on or about November 8, 2017.

Petitioner testified that she had a terrible experience with her teeth and trying to get dentures back in 2017. Petitioner indicated that she went back and forth getting teeth removed at one dentist, but they ultimately determined that they could not fit her for dentures because they could not make them small enough. Petitioner was then referred to another dentist's office in Detroit, where they were able to make dentures for her, but the dentures did not fit. Petitioner explained that she has an impacted wisdom tooth that cannot be removed, which makes it difficult for dentures to be fit. Petitioner testified that this dentist agreed to take the dentures back and reverse the billing with Medicaid so that Petitioner could go elsewhere to try to obtain dentures. Petitioner testified that she then had several other issues and was unable to try to get new dentures until recently and discovered that apparently the dentist did not reverse the charges with Medicaid back in 2017. Petitioner testified that she has tried to call this dentist's office but was told that they could not access her records for some reason.

In response, the Department's witness indicated that Petitioner should call the Medicaid fraud hotline at 1-855-643-7283 and report the dentist for failing to reverse the charges in 2017 as promised.

Petitioner indicated that she did call the Medicaid fraud hotline once and left a message, but she has never received a call back. Petitioner indicated that she would try the hotline again.

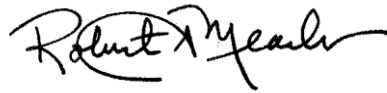
On review, the Department's decision to deny the request for complete upper and lower dentures was reached within policy. Records still show that Petitioner was approved for complete upper and lower dentures on November 8, 2017, even though Petitioner indicates that she did not keep those dentures and the dentist agreed to reverse the charges with Medicaid. As such, Petitioner is not eligible for replacement of the dentures until November 2022, until or unless her dentist reverses the charges with Medicaid. If Petitioner cannot get her dentist's office to reverse the charges with Medicaid, Petitioner should call the Medicaid fraud hotline at 1-855-643-7283 and report the dentist and get this matter straightened out. 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 and lower dentures.

**IT IS THEREFORE ORDERED** that:

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



RM/sb

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**Robert J. Meade**  
Administrative Law Judge  
for Elizabeth Hertel, 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**

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**Petitioner**

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