



Petitioner was further advised of her appeal rights. (Exhibit A, pp 11-14; Testimony)

5. On July 20, 2021, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, p 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.

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

## **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.

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The general instructions for Medicaid coverage for complete and partial dentures during the period when the PA request and denial were made are set forth in the following policy from the Medicaid Provider Manual:

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

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

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.

\* \* \*

*Medicaid Provider Manual  
Dental Chapter  
July 1, 2021, pp 23  
Emphasis added*

The Department's witness testified that Petitioner's request for a lower partial denture was denied because, with the placement of the approved upper partial denture, Petitioner had 10 posterior (back) teeth in occlusion (i.e., biting together). The Department's witness indicated that, per policy, Petitioner did not, therefore, qualify for a lower partial denture at the time.

Petitioner questioned whether she needed to have her remaining lower teeth extracted then to get approved for the lower partial denture. The Department's witness responded that any decisions regarding extractions would be up to her dentist and that the dentist did not indicate any plans to extract more teeth. The Department's witness indicated that they do not extract healthy teeth. Petitioner indicated that she understood

and filed the appeal because the bottom partial denture was denied, and she can chew better with a lower partial denture. Petitioner testified that her gums hurt when chewing without the lower partial denture.

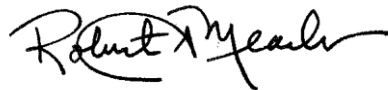
On review, the Department's decision to deny the request for dentures was reached within policy. The Department must enforce Medicaid policy as written. Based on the information submitted with the prior authorization request, Petitioner had at least 8 posterior teeth in occlusion once the upper partial denture was placed. As such, she was not entitled to a lower partial denture at the time paid for by Medicaid.

**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 a lower partial denture.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.



RM/sb

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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

**DHHS -Dept Contact**

Gretchen Backer  
400 S. Pine, 6th Floor  
PO Box 30479  
Lansing, MI  
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MDHHS-PRD-HEARINGS@michigan.gov

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**Petitioner**

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