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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: September 16, 2021  
MOAHR Docket No.: 21-003820  
Agency No.: [REDACTED]  
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 hearing was held on September 15, 2021. Petitioner appeared on her own behalf. Emily Piggott, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (Department). Carolyn Malhoit, Medicaid Utilization Analyst, appeared as a witness for the Department.

### **ISSUE**

Did the Department properly deny Petitioner's request for prior authorization (PA) for 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 a [REDACTED] year-old Medicaid beneficiary, born [REDACTED] 1965. (Exhibit A, p 8; Testimony)
2. On March 11, 2021, Petitioner's dentist sought approval for a lower partial denture for Petitioner. (Exhibit A, p 8; Testimony)
3. On May 20, 2021, the request for a lower partial denture was reviewed and denied because Petitioner had 8 posterior (back) teeth in occlusion (i.e., biting together). (Exhibit A, p 8; Testimony)
4. On May 20, 2021, the Department sent Petitioner a Notice of Denial, which also advised Petitioner of her appeal rights. (Exhibit A, pp 6-7; Testimony)

5. On August 18, 2021, 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.

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.

\* \* \*

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 18-19  
Emphasis added*

The Department witness testified that Petitioner's request for a lower partial denture was denied because Petitioner had at least 8 posterior teeth in occlusion. The information submitted indicated that Petitioner has posterior teeth 20, 21, 28, and 29 occluding with posterior teeth 13, 12, 5, and 4. The Department witness indicated that, per policy, Petitioner did not, therefore, qualify for a lower partial denture at this time.

Petitioner testified that in speaking to the student dentist at U of M it was explained to her that with the teeth she has missing she only has 28% of her chewing capacity left. Petitioner indicated that this forces the load for chewing on other teeth that are not meant for chewing, such as her premolars and her anterior teeth. Petitioner testified that the dentist indicated that over time this will cause hyper-eruptions and movement of

her remaining teeth to places where teeth are missing. Petitioner testified that approval of a lower partial denture would slow this process, allow her to keep her remaining teeth, and be less expensive for the Department overall. Petitioner explained that if she continues without the lower partial denture, she will likely need more teeth extracted and more dentures in the future. Petitioner also testified that she needs the dentures because she has GI problems, which are worsened by her inability to properly chew foods, especially certain foods like raw vegetables.

On review, the Department's decision to deny the request for dentures was reached within policy. While this administrative law judge can sympathize with Petitioner's situation, the Department and this administrative law judge must enforce Medicaid policy as written. Based on the information submitted with the prior authorization request, Petitioner has 8 posterior teeth in occlusion. As such, she is not entitled to a lower partial denture at this 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 prior authorization 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**

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**Petitioner**

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