



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 [REDACTED]

Date Mailed: July 15, 2022  
MOAHR Docket No.: 22-002563  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Aaron McClintic**

### **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 a Request for Hearing filed by Petitioner.

After due notice, a telephone hearing was held on July 14, 2022. Petitioner appeared and testified on her own behalf. Florence Scott-Emuakpor, Appeals Review Officer, represented the Respondent, Michigan Department of Health and Human Services (DHHS or Department). Eric Neilsen, Medicaid Utilization Analyst, testified as a witness for the Department.

During the telephone hearing, the Department submitted one evidence packet/exhibit that was admitted into the record as Exhibit A, pages 1-17. Petitioner did not submit any proposed exhibits.

### **ISSUE**

Did the Department properly deny Petitioner's prior authorization request for a partial lower 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. On May 17, 2022, the Department received a prior authorization request for an upper and partial lower denture submitted on Petitioner's behalf by Barry Community Dental. (Exhibit A, page 12).
2. On June 7, 2022, Notice of Amended Authorization was sent to Petitioner informing him that his prior authorization request for an upper denture was approved. (Exhibit A, pages 8-9)
3. On June 7, 2022, the Department sent Petitioner written notice that the

prior authorization request for the partial lower denture had been denied. (Exhibit A, pages 10-11).

4. 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:

- Policy 6.6.A. Complete or partial dentures are authorized when there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth). The beneficiary has eight posterior teeth in occlusion with the placement of an upper partial denture.

*Exhibit A, page 10*

5. On June 21, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received the Request for Hearing filed in this matter regarding that denial. (Exhibit A, page 6).

### **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 [CHANGE MADE 4/1/22]**

Complete dentures, immediate complete dentures, and partial dentures are benefits for all beneficiaries and require PA. Complete or partial dentures are prior 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.

Full mouth/complete series radiographs must be submitted with PA requests for partial dentures. Radiographs are not required to be submitted with PA requests for complete dentures.

Providers should not send radiographs with PA requests for complete or partial dentures. Radiographs that are not specifically requested by MDHHS may not be returned to the provider. **(revised per bulletin MSA 21-44)** MDHHS reserves the right to request radiographs if necessary. The following information must be submitted with the MSA-1680-B:

- The appropriate CDT code(s) for the service(s) requested.
- Completed tooth chart documenting missing teeth and teeth that will be extracted.
- Documentation of the soundness of the remaining teeth, if applicable.
- Five-year prognosis for the denture.

- Any pertinent health information (e.g., co-existing health conditions, pregnancy, etc.) that may impact the proposed treatment plan.

PA determinations are made based on review of the documentation submitted and do not guarantee reimbursement. The dentist is responsible for ensuring the completeness and accuracy of all documentation and tooth charting submitted with a PA request. Documentation errors resulting in improper payments may be subject to recovery of reimbursement by MDHHS regardless of authorization.

The following documentation must be retained in the beneficiary's dental record and made available to MDHHS upon request:

- Beneficiary understanding and agreement that another denture is not a covered benefit for five years.
- Beneficiary education addressing all available treatment options and documentation of the beneficiary's understanding and agreement.

Before the final impressions are taken for the fabrication of a denture, adequate healing necessary to support the denture must take place following the completion of extractions and/or surgical procedures.

When billing for a complete or partial denture, the date of service is the date the denture was delivered to the beneficiary. Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, duplication, etc. within six months of insertion.

**Complete or partial dentures are not authorized when:**

- **Medicaid or Medicaid Managed Care has provided a denture in the same arch within five years.**

- An adjustment, reline, repair, or rebase will make the current denture serviceable.
- A complete or partial denture obtained through Medicaid within five years has been lost or broken.

*MPM, January 1, 2022 version  
Dental Chapter, pages 22-23  
(Emphasis added)  
(Internal highlighting omitted)*

Here, the Department's witness testified that Petitioner's prior authorization request for a partial lower denture was denied pursuant to the above policies. Specifically, he noted that the request was denied because, as established by the Department's records, the Petitioner had eight posterior teeth in occlusion.

In response, Petitioner testified that his front lower teeth were damaged. Petitioner also testified that he believes that the lower denture would help him manage his Crohn's disease. Petitioner acknowledged that he did not present any physician support that having a lower denture would be beneficial for his Crohn's disease symptoms.

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 the Department's decision in light of the information available at the time the decision was made.

Given the record and applicable policies in this case, Petitioner has failed to meet his burden of proof and the Department's decision must therefore be affirmed. The above policy expressly provides that complete or partial dentures are not authorized when there are more than eight posterior teeth in occlusion, and the Department's records in this case establish that Petitioner has eight posterior teeth in occlusion.

**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**.

AM/dh

  
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**Aaron McClintic**  
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

**Via Electronic Mail:**

**DHHS Department Contact**

Gretchen Backer  
400 S. Pine, 6<sup>th</sup> Floor  
P.O. Box 30479  
Lansing, MI 48909

**MDHHS-PRD-  
Hearings@michigan.gov**

**DHHS Department Rep.**

M. Carrier  
MDHHS Appeals Section  
P.O. Box 30807  
Lansing, MI 48909

**MDHHS-Appeals@michigan.gov**

**Agency Representative**

Florence Scott-Emuakpor  
MDHHS Appeals Section  
P.O. Box 30807  
Lansing, MI 48909

**MDHHS-Appeals@michigan.gov**

**Via First Class Mail:**

**Petitioner**

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