



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

Date Mailed: February 8, 2023  
MOAHR Docket No.: 22-006206  
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 telephone hearing was held on February 1, 2023. [REDACTED] Petitioner, appeared and testified on his own behalf. Theresa Root, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Dianne Redford, 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 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 Medicaid beneficiary. (Exhibit A, p 8; Testimony)
2. On November 14, 2022, the Department received a prior authorization request from Petitioner's dentist for complete upper dentures for Petitioner. (Exhibit A, p 8; Testimony)
3. Records show that Petitioner was approved for a partial upper denture on August 26, 2020. (Exhibit A, pp 11-14; Testimony)
4. On December 13, 2022, the request for complete upper dentures was reviewed and denied because Petitioner was shown to have received a partial upper denture within the last five years. (Exhibit A, p 9; Testimony)
5. On December 13, 2022, the Department sent Petitioner a Notice of Denial,

including Petitioner's appeal rights. (Exhibit A, pp 9-10; Testimony)

6. On December 29, 2022, 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:

#### **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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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 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. 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.

*Medicaid Provider Manual  
Dental Chapter  
January 1, 2022, pp 22-23  
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 partial upper dentures on August 26, 2020.

Petitioner admitted that he received an upper partial denture in 2020 but indicated that the denture never worked properly and eventually broke. Petitioner indicated that while the dentist repaired the denture after it broke, it still did not fit right. Petitioner testified that he can only eat soft foods currently because he cannot chew with the dentures. Petitioner indicated that he took the denture to a new dentist who told him it could not be fixed, or used, and Petitioner should have his remaining teeth removed and get a complete upper denture.

In response, the Department's witness indicated that Petitioner can contact the Department's Office of Inspector General (OIG) at 1-855-643-7283 and report the first dentist for failing to properly fix the denture. The Department's witness further indicated that Petitioner could contact the Medicaid beneficiary line at 1-800-642-3195 for assistance.

**Also, Petitioner may be able to seek a medical exception to the five-year rule. Petitioner would need to have his primary care physician (M.D. or D.O.) write a letter indicating that the complete upper denture is necessary to treat an ongoing medical condition, *i.e.*, Petitioner's health decline due to being unable to eat whole foods. Petitioner would take the letter from his doctor to his dentist and have the dentist submit the letter with a new prior authorization request.**

On review, the Department's decision to deny the request for complete upper dentures was reached within policy. Records show that Petitioner was approved for an upper partial denture in August 2020. Based on those records, Petitioner is not eligible for replacement of the denture until August 2025, although, as the Department's witness indicated, Petitioner can submit a new request six months prior to the August 2025 date. 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 dentures.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.



RM/sj

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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).

**Via Electronic Mail:**

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**Via First Class Mail:**

**Petitioner**

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