



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR



Date Mailed: April 27, 2023  
MOAHR Docket No.: 23-001490  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Steven Kibit**

### **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 April 20, 2023. Petitioner appeared and testified on his own behalf. John Lambert, Appeals Review Officer, represented the Respondent, Department of Health and Human Services (DHHS or Department). Eric Neilson, Manager in the Program Review Division, 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 1-20. Petitioner did not submit any proposed exhibits.

### **ISSUE**

Did the Department properly deny Petitioner's prior authorization request for a complete upper 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 July 31, 2020, Petitioner received a partial upper denture paid for by the Department. (Exhibit A, page 14; Testimony of Petitioner).
2. On January 24, 2023, the Department received a prior authorization request for complete upper and lower dentures submitted on Petitioner's behalf by his dentist. (Exhibit A, page 15).
3. The request for a complete lower denture was subsequently approved. (Exhibit A, pages 11-12).

4. On March 3, 2023, the Department sent Petitioner written notice that the prior authorization request for a complete upper denture had been denied. (Exhibit A, pages 13-14).

5. 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: Dental Chapter, Section 6.6.A, General Instructions. 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 upper denture was placed on 7/13/20, per the MDHHS Database.

*Exhibit A, page 13*

6. On March 22, 2023, the Michigan Office of Administrative Hearings and Rules (MOAHR) received the request for hearing filed in this matter regarding that denial. (Exhibit A, pages 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 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**

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.

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. 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 reimbursed (revised 10/1/22) 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, 2023 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 complete upper 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 Department/Medicaid had provided a denture in the same arch within the past five years.

In response, Petitioner testified that, while he did receive the upper denture in 2020, it never fit correctly, and he has not worn it. He also testified that he went back to his dentist several times to have it fixed, but the dentist only grounded his teeth down inside of fixing the denture, and he eventually just stopped going. He further testified he has lost teeth since getting the denture, and will have more teeth removed; with one upper tooth infected.

The Department's witness then testified that the Department would consider exceptions for medical reasons, such as infections, but that the prior authorization request in this case did not discuss any medical needs. He also testified that Petitioner and his dentist could submit a new request for dentures along with all the information he gave today.

Petitioner bears the burden of proving by a preponderance of the evidence that Respondent erred in denying his prior authorization request. Moreover, the undersigned Administrative Law Judge is limited to reviewing the decision in light of the information that was 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 a previous denture has been reimbursed for in the same arch within five years, and it is undisputed in this case that Petitioner had dentures in the same arches that were reimbursed by the Department within the five years preceding his current request. Moreover, while Petitioner testified regarding issues with his upper denture, those issues should have been addressed in the past with Petitioner's dentist, with involvement from the Department if necessary, and do not warrant an approval here given the clear policy provisions.

As discussed during the hearing, to the extent Petitioner has additional or updated information to provide regarding his current need for dentures, he can always have another prior authorization request submitted along with that information. With respect to the decision at issue in this case, however, the Department's decision must be affirmed given the information available at the time the decision was made.

### **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**.

SK/sj

  

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**Steven Kibit**  
Administrative Law Judge

**NOTICE OF APPEAL**: Petitioner 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).

**PROOF OF SERVICE**

I certify that I served a copy of the foregoing document upon all parties, to their last-known addresses in the manner specified below, this 27<sup>th</sup> day of April 2023.

*S. James*

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S. James  
**Michigan Office of Administrative  
Hearings and Rules**

**Via Electronic Mail:**

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**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED] MI [REDACTED]