



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR



Date Mailed: May 23, 2023  
MOAHR Docket No.: 23-002174  
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 May 17, 2023. Petitioner appeared and testified on his own behalf. Florence Scott-Emuakpor, Appeals Review Officer, represented the Respondent, Department of Health and Human Services (DHHS or Department). Kim Hanson, 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 1-24. Petitioner did not submit any proposed exhibits.

### **ISSUE**

Did the Department properly deny Petitioner's prior authorization request for a complete 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 April 1, 2019, Petitioner received a complete upper denture and a lower partial denture paid for by the Department. (Exhibit A, page 13; Testimony of Petitioner).
2. On March 8, 2023, the Department received a prior authorization request for a complete lower denture submitted on Petitioner's behalf by his dentist. (Exhibit A, pages 11-12).

3. On April 10, 2023, the Department sent Petitioner written notice that the prior authorization request for a complete lower denture had been denied. (Exhibit A, pages 14-15).
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. 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. A complete upper denture and lower partial denture were placed on 04/01/2019 per the MDHHS Database.

*Exhibit A, page 14*

5. On April 20, 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 7-8).

### **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 lower denture was denied pursuant to the above policies. Specifically, she testified 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 lower partial denture in April of 2019, the denture never fit correctly, and he has not worn it. He also testified that he never went back to that dentist and just wore an old denture instead, but that he has subsequently had more lower teeth extracted and needs a new lower denture.

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 a denture in the same arch that was reimbursed for by the Department within the five years preceding his current request. Moreover, while Petitioner testified regarding issues with that 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.

**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).

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

**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 23<sup>rd</sup> day of May 2023.

*S. James*

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

**Via Electronic Mail:**

**DHHS Department Contact**  
Gretchen Backer  
MDHHS  
Lansing, MI 48909  
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**Agency Representative**  
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**Via First Class Mail:**

**Petitioner**

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