Michigan Office of Administrative Hearings and Rules
P.O. BOX 30763
LANSING, MI 48909

Date Mailed: September 25, 2025
Docket No.: 25-027613
Case No.: [redacted]
Petitioner: [redacted]

[redacted]
[redacted] MI [redacted]

This is an important legal document. Please have someone translate the document.

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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

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Case No.: [redacted]
Petitioner: [redacted]

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 42 CFR 431.200 *et seq*. and 42 CFR 438.400 *et seq*. upon Petitioner's request for a hearing.

After due notice, a hearing was held on September 18, 2025. Petitioner appeared and testified on her own behalf. Katie Feher, Senior Manager of Appeals, appeared and testified on behalf of Respondent, Meridian Health, the Medicaid Health Plan (MHP). Attorney Mark Reynolds appeared on behalf of the MHP's dental contractor, Delta Dental. Michelle Kohler, Chief Dental Officer, Delta Dental, appeared as a witness.

The record was left open following the hearing for Petitioner to submit photos she referenced during the hearing and for Respondent to respond to the photos. Petitioner's photos were received on September 18, 2025, and Respondent's response was received on September 23, 2025.

ISSUE

Did the Respondent properly deny Petitioner's prior authorization request for complete upper and lower 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 who is enrolled in the Respondent MHP. (Exhibit A, p 16; Testimony)

2. On or about June 11, 2025, Respondent received a Pre-Treatment Estimate from Petitioner's dentist for a new complete upper and lower denture. (Exhibit A, pp 17-18, 23; Testimony)

3. On June 11, 2025, Respondent reviewed the request and determined that Petitioner was not eligible for a new complete upper and lower denture because she received a complete upper and lower denture in July 2024 and policy indicates that new dentures are only covered once every five years. (Exhibit A, pp 24-25; Testimony)

4. On June 11, 2025, Respondent sent Petitioner and her provider a Notice of Adverse Benefit Determination indicating that the prior authorization request was denied because new dentures are only covered once every five years and Petitioner previously received dentures in July 2024. (Exhibit A, pp 19-22; Testimony)

5. On June 11, 2025, Petitioner requested an internal appeal. (Exhibit A, p 7; Testimony)

6. On July 7, 2025, Respondent sent Petitioner and her provider a Notice of Internal Appeal Decision – Denial, which indicated that the internal appeal was denied, and that the original denial of a new complete upper and lower denture was upheld. (Exhibit A, pp 5-6; Testimony)

7. On August 7, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit A, pp 1-4)

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.

In 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans (MHP).

The Respondent is the dental contractor for one of those MHPs and, as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract with the Department:

> The Michigan Department of Health and Human Services (MDHHS) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies he beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.

Medicaid Provider Manual
Medicaid Health Plan Chapter
April 1, 2025, p 1
Emphasis added

Under the general policy instructions for Medicaid related dental services the MPM sets replacement schedules for denture repair and replacement:

7.6 PROSTHODONTICS (REMOVABLE)

7.6.A. GENERAL INSTRUCTIONS

Complete dentures, immediate complete dentures, and partial dentures are benefits for all beneficiaries.

7.6.B. COMPLETE DENTURES

Complete and partial dentures are benefits once per five years per arch when the expected prognosis of the complete or partial denture is at least five years. Complete and partial dentures do not require PA. Providers must verify with MDHHS that the beneficiary is eligible for a complete or partial denture per the five-year rule prior to rendering service, as described in the Frequency Verification Process section of this chapter. Failure to complete the verification process may result in claim denial.

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.

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 a covered benefit when:

- Medicaid or Medicaid Managed Care has reimbursed 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.
- The expected prognosis of the complete or partial denture is less than five years.

7.6.B. COMPLETE DENTURES

Complete dentures are a covered benefit for all beneficiaries. Providers must verify with MDHHS that the beneficiary is eligible for a complete or partial denture per the five-year rule prior to rendering service, as described in the Frequency Verification Process section of this chapter. Failure to complete the verification process may result in claim denial.

Only complete dentures with non-characterized teeth (i.e., without cosmetic enhancements, such as gold denture teeth) and acrylic resin

bases are a covered benefit. To be covered by Medicaid, all the following procedures must be used to fabricate the dentures:

- individual positioning of the teeth;
- wax-up of the entire denture body; and
- conventional laboratory processing.

A preformed denture with teeth already mounted (i.e., teeth already set in acrylic prior to initial impressions) forming a denture module is not a covered benefit. Overdentures or Cu-Sil® dentures are not a covered benefit.

7.6.C. IMMEDIATE COMPLETE DENTURES

An immediate complete denture is a definitive denture. It is a covered benefit only when anterior teeth are extracted at the immediate complete denture insertion visit, whether maxillary or mandibular. Medicaid will not cover another denture for five years. Providers must verify with MDHHS that the beneficiary is eligible for a complete or partial denture per the five-year rule prior to rendering service, as described in the Frequency Verification Process section of this chapter. Failure to complete the verification process may result in claim denial.

For reasons of denture stability and retention, an immediate complete denture is not a benefit when:

- Posterior extractions are completed on the same date of service in order to allow adequate healing to support the denture.
- An existing partial denture is converted to an immediate complete denture.

Medicaid Provider Manual
Dental Chapter
April 1, 2025, pp 24-26
Emphasis added

Pursuant to the above policy and its contract with the Department, Respondent has developed a prior authorization process subject to the limitations and restrictions described in Respondent's Medicaid agreement, the MPM, Medicaid bulletins, and other directives.

Respondent's witness testified that Petitioner's request for a new complete upper and lower denture was denied because policy only allows replacement of dentures every five years and Petitioner received new dentures in July 2024.

Petitioner testified that her first appointment with the dentist was for a consultation where they talked about the possibility of dentures. Petitioner indicated that at the next visit two molds were prepared and tried, with Petitioner preferring the smaller one but the dentist indicating that the larger one needed to be used to fit all of Petitioner's teeth. Petitioner testified that on the third visit they checked the bite of the dentures and the fourth visit was the surgery where all her teeth were removed and the new dentures were placed. Petitioner indicated that when they tried to place the new dentures after the surgery she gagged and threw up because they were too big. Petitioner testified that she did not try to put the dentures in her mouth for a few weeks while her mouth healed, but when she tried the dentures they were still too big. Petitioner indicated that she went back to the dentist and they added spacers but she still could not talk with the dentures in, eat with them, or close her mouth. Petitioner indicated that she took the dentures out after that and they have been sitting on a shelf ever since.

Petitioner testified that she eventually took the dentures to a new dentist who indicated that the dentures could not be fixed, they were made horribly and were too big in her mouth. Petitioner indicated that she has been eating only mush since her teeth were removed and had to go to the emergency room recently because she developed ulcers, which she attributes to not being able to chew her food or eat properly.

In response, the MHP's witness indicated that after an immediate denture is placed, like the ones Petitioner received, there would always need to be a lot of changes made to the dentures in the first 6 months as the bones heal.

Petitioner indicated that that would have been good to know, but it does not help her now.

As indicated, after the hearing, Petitioner submitted three photographs and Respondent submitted a response.

Given the above policy and evidence, Petitioner has failed to prove by a preponderance of the evidence that Respondent erred in denying the prior authorization request for a new complete upper and lower denture. As indicated above, policy clearly states that a beneficiary only qualifies for new dentures once every five years and Petitioner had new dentures placed in July 2024. As such, Petitioner will not be eligible for new dentures until June of 2029. Furthermore, a review of the evidence and Petitioner's photos does not support an argument that Respondent acted improperly. The record demonstrates that Petitioner's dentist followed the proper procedure to fit and place immediate dentures and, while Petitioner returned to the dentist once, the dentures likely would need more adjustments as her bones healed. Furthermore, the first two photos Petitioner's submitted simply show the inside surface of the dentures and provide no evidence of a poor fit. The third photo suggests the denture may not be fully seated but does not show a clear gap as Petitioner claimed at the hearing.

While the undersigned can certainly sympathize with Petitioner's situation, the undersigned has no authority to ignore clear policy and no equitable powers to grant Petitioner any relief.

Accordingly, Respondent properly denied Petitioner's request for a new complete upper and lower denture.

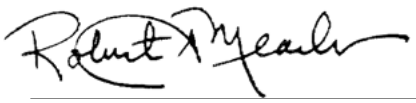
IT IS SUGGESTED THAT PETITIONER RETURN TO A MEDICAID DENTIST AND REQUEST REBASING OF THE DENTURES, WHICH IS A COVERED BENEFIT UNDER MEDICAID AND SHOULD BE ABLE TO MAKE THE DENTURES FIT BETTER.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that Respondent properly denied Petitioner's prior authorization request for a new complete upper and lower denture.

IT IS THEREFORE ORDERED that:

Respondent's decision is **AFFIRMED**.



ROBERT J. MEADE
ADMINISTRATIVE LAW JUDGE

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at https://lrs.michbar.org or Michigan Legal Help at https://michiganlegalhelp.org. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to mailto:MOAHR-BSD-Support@michigan.govLARA-MOAHR-DCH@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
  Michigan Office of Administrative Hearings and Rules
  Rehearing/Reconsideration Request
  P.O. Box 30639
  Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

Via Electronic Mail:

Department Contact
MDHHS-MANAGED CARE PLAN DIVISION
400 S PINE ST 7TH FL
LANSING, MI 48933
MDHHS-MCPD@MICHIGAN.GOV

Respondent
MERIDIAN COMPLETE
C/O KATIE FEHER
777 WOODWARD AVE
STE 700
DETROIT, MI 48244
KATIE.FEHER@CENTENE.COM

Via First Class Mail:

Petitioner
[redacted]
[redacted] MI [redacted]