

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

██████████,
Appellant
_____ /

Docket No. 2009-13222 PA
Case No. ██████████
Load No. ██████████

DECISION AND ORDER

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

After due notice, a hearing was held ██████████. ██████████ appeared and testified on his own behalf. ██████████, Appeals Review Officer, represented the Department. ██████████, ██████████, ██████████, ██████████, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's request for prior authorization?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. The Appellant is a Medicaid beneficiary.
2. On ██████████, the Department received a prior authorization request for upper partial and lower partial dentures from the Appellant's dentist.
3. On ██████████, the Department approved the request for the upper partial denture and denied the request for the lower partial denture. The Department indicated that following placement of the upper partial denture, the Appellant would have at least eight posterior teeth in occlusion, thus did not meet the criteria for placement of a lower partial denture.

4. The Department sent the Appellant a Notification of Denial on [REDACTED].
5. On [REDACTED], the Department received Appellant's request for a hearing.

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.

The issue in this case is whether the Department properly denied Appellant's request for prior authorization. The *MDCH Medicaid Provider Manual, Dental Section, October 1, 2005, page 16*, outlines coverage for partial dentures:

Complete or partial dentures are authorized when:

- If there are less than eight posterior teeth in occlusion.
- Where an existing complete or partial denture cannot be made serviceable through repair, relining, adjustment, or duplicating (rebasement) procedures. If a partial denture can be made serviceable, the dentist should provide the needed restorations to maintain use of the existing partial, extract teeth, add teeth to an existing partial, and remove hyperplastic tissue. (Exhibit 1 Page 7).


The Appellant stated that he understood everything after hearing the Department witness explain it. He said the dentist drilled a hole on one of his teeth and he is having a lot of sensation in it. He did not dispute the Department's evidence nor otherwise offer a legal challenge to the Department's case.

The Department introduced evidence that the Appellant will have at least 8 posterior teeth in occlusion after placement of his upper partial, thus does not meet Medicaid criteria for approval of a lower partial denture. The Department witnesses added that should the makeup of the Appellant's mouth change, he is able to re-submit a request.

After consideration of the uncontested material evidence, I find the Department correctly denied the prior authorization request for the lower partial denture because the Appellant has eight teeth in occlusion following placement of the upper partial denture.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied Appellant's request for prior authorization.


Docket No. 2009-13222 PA
Decision and Order

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Jennifer Isiogu
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc:



Date Mailed: 3/31/2009

***** NOTICE *****

The State Office of Administrative Hearings and Rules for the Department of Community Health may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules for the Department of Community Health will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.

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