

**STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909  
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**IN THE MATTER OF:**

████████████████████

**Appellant**

\_\_\_\_\_ /

**Docket No.** 2009-16095 PA  
**Case 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 on ██████████. The Appellant appeared without representation. She had no witnesses. ██████████, represented the Department. Her witness was ██████████.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization (PA) of 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. At the time of hearing, the Appellant is a ██████-year-old Medicaid and disabled SSI beneficiary. (Appellant's Exhibit #1)
2. The Appellant testified that her last upper partial was no longer functional owing to a broken tooth and a loose tooth. (See Testimony and Appellant's Exhibit #1)
3. The Appellant said she was unable to afford her dental services owing to lack of income. (Appellant's Exhibit #1 and Testimony)
4. The Appellant's new dentist (██████████) sought approval for complete upper denture on ██████████. (Department's Exhibit A, p. 2)

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5. On ██████████, the request was reviewed and denied as the Appellant was shown to have received an upper prosthesis on ██████████. (Department's Exhibit A, p. 7)
6. On ██████████, the Appellant was notified of the Department's denial. She was further advised of her appeal rights. (Department's Exhibit A, p. 4)
7. On ██████████, the SOAHR received the instant request for hearing brought by the Appellant. (Appellant's Exhibit #1)

**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.

**1.10 PRIOR AUTHORIZATION**

Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of PA is to review the medical need for certain services. . . .

Medicaid Provider Manual, (MPM)  
Practitioner, April 1, 2009, page 4.

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

Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, and duplications within six months of insertion. This includes such services for an immediate upper denture when authorized.

If a complete or partial denture requires an adjustment, reline, repair, or duplication within six months of insertion, but the services were not provided until after six months of insertion, no additional reimbursement is allowed for these services.

Complete or partial dentures are not authorized when:

- A previous prosthesis has been provided within five years, whether or not the existing denture was obtained through Medicaid.
- An adjustment, reline, repair, or duplication will make them serviceable.

- Replacement of a complete or partial denture that has been lost or broken beyond repair is not a benefit within five years, whether or not the existing denture was obtained through Medicaid.

MPM, Dental, §6.6A, April 1, 2009, p. 17

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At hearing the Department witness, ██████ explained that the Appellant's request was denied for failure to meet policy requirements for prosthesis replacement (partial or complete) on a 5-year rotation.

The Appellant said that her ██████ dental repair and partial upper denture did not perform to expectations. She was not able to make contact with the Midland-based dentist to explore possible repairs, adjustment, relining or duplication.

The Appellant was advised that policy does not permit Medicaid reimbursement for a new upper denture until the year ██████. The Appellant indicated her understanding on the record.

On review - I thought the Department's decision to deny the upper denture was correct, based on policy and supported by the credible testimony of witness Titov.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for PA of a complete upper denture.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

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Dale Malewska  
Administrative Law Judge  
for Janet Olszewski, Director  
Michigan Department of Community Health

cc: ██████████

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Date Mailed: 5/6/2009

**\*\*\* NOTICE \*\*\***

The State Office of Administrative Hearings and Rules 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 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.