

**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. 2009-36827 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 ██████████. ██████████  
██████████ appeared on behalf of Appellant and helped translate when necessary. ██████████  
provided limited testimony. ██████████, 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. Appellant is a Medicaid beneficiary.
2. On ██████████, the Appellant received an upper complete denture, for which Medicaid paid ██████████. (Exhibit 1 Page 6).
3. In ██████████ and ██████████ Medicaid paid for several repairs to Appellant's lower partial denture. (Exhibit 1 Page 7).
4. On ██████████, the Department received a prior authorization request for a complete upper and lower denture from the Appellant's dentist, ██████████.

(Exhibit 1 Page 5).

5. On [REDACTED], the Department reviewed and denied the prior authorization request. The Department indicated that the Appellant had been provided a complete upper within five years and repairs to his lower partial several repairs in [REDACTED] and [REDACTED]. (Exhibit 1 Page 5).
6. The Department sent the Appellant a Notification of Denial on [REDACTED]. (Exhibit 1 Page 4).
7. On [REDACTED], the Department received Appellant's Request for Hearing. (Exhibit 1 Page 3).

### **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 applied policy for dentures for which Medicaid was being asked to pay. During the hearing, the Appellant's son/representative stated that the Appellant's lower partial denture could not be repaired due to work done on it in Russia. *MDCH Medicaid Provider Manual, Dental, Section 6.6.A., October 1, 2009, page 18*, outlines coverage for complete or partial dentures:

Complete or partial dentures are not authorized when:

A previous denture has been provided within five years, whether or not the existing denture was obtained through Medicaid.

An adjustment, reline, repair, or duplication will make it 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.

The Department introduced evidence that Appellant had an upper denture paid for by the Medicaid program within the past five years and therefore the authorization request was not approved in accordance to the policy outlined in the Dental Section of the Department's Medicaid Provider Manual. (Exhibit 1 Page 18).

The Department also introduced evidence that the Appellant's dentist performed repairs on the lower partial in [REDACTED] and [REDACTED] and therefore any further relines or repairs on the lower partial

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was the responsibility of the Appellant's dentist in accordance to *MDCH Medicaid Provider Manual, Dental, Section 6.6.F. and 6.6.F., October 1, 2009, page 19.* (Exhibit 1 Page 10).

Appellant's son/representative said it is difficult for his father to chew and eat with his current denture and partial and it was necessary for him to have a new lower denture. Testimony from the Department's witness further established that in response to Executive Order 2009-22, as of [REDACTED], dentures are not covered by Medicaid.

The Department provided sufficient evidence that it did not authorize dentures in accordance to the Department's policy because the Appellant had a previous maxillary/upper denture provided within five years and several repairs to the lower partial denture in [REDACTED] and [REDACTED]. This State Office of Administrative Hearings and Rules for the Department of Community Health lacks equitable jurisdiction and must follow Department policy and state law.

**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 for a complete upper and lower denture.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

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Lisa K. Gigliotti  
Administrative Law Judge  
for Janet Olszewski, Director  
Michigan Department of Community Health

cc: [REDACTED]

Date Mailed: 12/1/2009

**\*\*\* 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.