

**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. 2009-11884 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 on ██████████. ██████████ appeared on his own behalf. ██████████, 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 ██████████ 2008, 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 (rebasin) 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 has lost another tooth since the request was made. He said he had a crown with the underlying tooth in decay. Additionally, he asserts the Department should approve the request before tooth extractions are performed. The Appellant did not 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.

[REDACTED]  
Docket No. 2009-11884 PA  
Decision and Order

**IT IS THEREFORE ORDERED** that:

The Department's decision is **AFFIRMED**.

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

cc:

[REDACTED]

Date Mailed: 3/24/2009

**\*\*\* 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.

