

**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. 2009-17337PA
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 ██████████. ██████████ (Appellant) appeared and testified. ██████████, represented the Department. ██████████, Dental Division, appeared and testified as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's request for prior authorization of a lower partial 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. Appellant is a Medicaid beneficiary.
2. On ██████████, the Department received a prior authorization request from Appellant's dentist, for the approval of maxillary full denture and mandibular partial dentures for Appellant. (Exhibit 1 Page 8)

3. On ██████████, the request for the upper denture was approved, but the lower partial denture was denied on the basis that Appellant did not meet the eligibility criteria because she will not have fewer than 8 teeth in occlusion in the posterior areas of her mouth. (Exhibit 1 Page 8)
4. On ██████████, the Department sent Appellant written notice of the denial. (Exhibit 1 Page 6)
5. On ██████████, the State Office of Administrative Hearings and Rules received Appellant's Request for a hearing, protesting the denial of the request for a lower partial denture.

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, 2008, page 16*, outlines coverage for partial dentures:

Complete or partial dentures are authorized:

- If there is one or more anterior teeth missing;
- If there are less than eight posterior teeth in occlusion. (Exhibit 1 Page 8).

The Department properly denied Appellant's request for a lower partial denture. The Department established that it received radiographs and a tooth chart, showing that Appellant did not meet the requirement of having fewer than 8 teeth in occlusion in the posterior areas of her mouth to qualify for a lower partial denture once the upper partial denture is placed. (Exhibit 1, p. 8) The Medicaid dental policy requires **less than 8** posterior teeth in occlusion. Since Appellant failed to provide any evidence that at the time of the prior authorization request, she met the eligibility criteria for a lower partial denture, the Department's denial must be upheld.


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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 a lower partial denture.

IT IS THEREFORE ORDERED that:

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

Marya A. Nelson-Davis
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc: 

Date Mailed: 6/22/2009

***** 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.