

**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. 2009-28302 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 ██████████. ██████████ appeared on her 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 or about ██████████, the Department received a prior authorization request for upper and lower dentures from the Appellant's dentist. (Exhibit A, Page 5)
3. On ██████████, the Department approved the upper denture and denied the prior authorization request for the lower partial. The Department determined that once the Appellant is provided with the full upper denture that had been approved, he will have at least 8 posterior teeth in occlusion. (Exhibit A, Page 6)
4. The Department sent the Appellant a Notification of Denial on ██████████. (Exhibit A, Page 4).

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 (rebasings) 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 Department introduced evidence that once Appellant has the upper denture placed, she will have at least eight teeth in occlusion. The Department stated that it was for this reason the authorization request was not approved in accordance to the policy outlined in the Dental Section of the Department's Medicaid Provider Manual. In this particular case, she will have 12 teeth in occlusion.

The Appellant did not dispute the material evidence provided by the Department. She testified she was not aware her upper denture had been approved. It was then made clear by the Department witness her upper denture had been approved and only the lower partial had been denied.

The Department provided sufficient evidence that it did not authorize a lower partial denture in accordance to the Department's policy because the Appellant will have at least eight teeth in occlusion after placement of the upper denture.

### **DECISION AND ORDER**

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

  
Docket No. 2009-28302 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: 

Date Mailed: 8/24/2009

**\*\*\* 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.