

**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.** 2010-3184 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 his own behalf. ██████████ Appeals Review Officer,  
represented the Department. ██████████  
██████████ appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny the Appellant's request for prior authorization for 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. The Appellant is a Medicaid beneficiary.
2. On ██████████ the Department received a prior authorization request for upper complete denture and lower partial denture from the Appellant's dentist. (Exhibit 1, Page 5)
3. On ██████████, the Department approved the upper complete denture and denied the prior authorization request for the lower partial denture. The Department determined that once the Appellant is provided with the upper complete denture that had been approved; he will have ██████████ posterior teeth in occlusion. (Exhibit 1, Page 7)

4. The Department sent the Appellant a Notification of Denial on ██████████. (Exhibit 1, pages 4-5).
5. On ██████████, the Department received the Appellant's Request for a hearing. (Exhibit 1 pg. 4)

## **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.

*MDCH Medicaid Provider Manual, Practitioner  
Section, October 1, 2005, page 4.*

The issue in this case is whether the Department properly denied the 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:

- It there is one or more anterior teeth missing;
- If there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth); or
- Where an existing complete or partial denture cannot be made serviceable through repair, relining, adjustment, or duplicating (rebasing) 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.

**Docket No. 2010-3184 PA**  
**Decision & Order**

The Department introduced evidence that once the Appellant has the upper complete denture placed, he will have at least █ posterior teeth in occlusion. (Exhibit 1, page 7) The Department testified that this was the reason the prior authorization request for the lower partial denture was denied, in accordance with the policy outlined in the Dental Section of the Department's Medicaid Provider Manual. In this case, the Appellant will have █ posterior teeth in occlusion once the upper complete denture is placed.

The Appellant did not dispute the material evidence provided by the Department. He testified that he went to the dentist who made the determinations regarding what work needed to be performed.

While this ALJ understands the Appellant's reliance on his dentist's statements, the Department provided sufficient evidence that it did not authorize the lower partial denture in accordance to the Department's policy because the Appellant will have at least █ in occlusion after placement of the upper complete 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 the Appellant's request for prior authorization for a lower partial denture

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

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Colleen Lack  
Administrative Law Judge  
for Janet Olszewski, Director  
Michigan Department of Community Health

cc: █

Date Mailed: 12/22/2009

**Docket No. 2010-3184 PA**  
**Decision & Order**

**\*\*\* 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.