

**STATE OF MICHIGAN**  
**MICHIGAN ADMINISTRATIVE HEARING SYSTEM**  
**FOR THE DEPARTMENT OF COMMUNITY HEALTH**  
P.O. Box 30763, Lansing, MI 48909  
(877) 833-0870; Fax: (517) 373-4147

**IN THE MATTER OF:**

██████████,  
Appellant  
\_\_\_\_\_ /

**Docket No.** 2013-1915 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 ██████████. The Appellant appeared without representation. She had no witnesses. ██████████, Appeals Review Officer, represented the Department. His witness was ██████████, Medicaid analyst/MDCH [prior authorization].

**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. At the time of hearing, the Appellant is a ██████-year old, Medicaid beneficiary. (Appellant's Exhibit #1)
2. The Appellant's dentist (Dr. ██████████, DDS) sought approval, on ██████████, for "various teeth" by way of upper dentures. (Department Exhibit A, p. 2)
3. The denial was based on a finding that the Appellant did not meet the program requirement of having fewer than eight teeth in occlusion, including fixed bridges and dentures. (Department's Exhibit A, pp. 2, 5-7 and See Testimony)
4. On ██████████, the Appellant was notified of the Department's denial. She was further advised of her appeal rights. (Department's Exhibit A, pp. 5 and 6)
5. On ██████████, the Michigan Administrative Hearing System for the Department of Community Health received the instant request for hearing

brought by Appellant. (Appellant's Exhibit #1)

## **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.

### **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. It does not serve as an authorization of fees or beneficiary eligibility. Different types of services requiring PA include:

- Procedures identified as requiring PA on the procedure code databases on the MDCH website;
- Procedures/items that are normally noncovered but may be medically necessary for select beneficiaries (e.g., surgery normally cosmetic in nature, obesity surgery, off-label use drugs, etc.); and
- Referrals for elective services by out-of-state nonenrolled providers.

Medicaid Provider Manual, MPM, Practitioner § 1.10,  
October 1, 2012, p. 4.

Under the general policy instructions for Medicaid related dental services the MPM sets the threshold for dentures at less than eight teeth in occlusion:

Complete and partial dentures are benefits are authorized:

- If 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.

MPM, Dental, §6.6A, October 1, 2012, p.17

\*\*\*

At hearing, the Department witness explained that the Appellant's request was denied for failure to meet policy requirements regarding number of teeth in occlusion – including fixed bridges and dentures.

The Appellant said she needed the new dentures because she did not think her old ones could be fixed. She complained further of gastro intestinal issues owing to her inability to eat solid food. The Department witness explained the medical exception process to the Appellant who indicated her understanding going forward.<sup>1</sup>

The Appellant was given instructions from the Department witness for the process of seeking a medical exception for the authorization of upper dentures - thus allowing her dentist to challenge policy for medical necessity.

The Department witness said that the Appellant had eight (8) teeth in occlusion as of ██████████.

On review, I thought the Department's decision to deny dentures was reached within policy. The Appellant failed to preponderate her burden of proof.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied PA of the Appellant's request for upper dentures.

**IT IS THEREFORE ORDERED** that:

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

██████████  
  
\_\_\_\_\_  
\s\  
Dale Malewska  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

\_\_\_\_\_  
<sup>1</sup> Although explained in detail the Appellant sent a "medical letter" to the ALJ for approval of dentures. This was not the instruction given at hearing. The Appellant is again referred to the Michigan Department of Community Health Prior Authorization division; 1-800-622-0276

[REDACTED]  
Docket No. 2013-1915 PA  
Decision & Order

cc: [REDACTED]

Date Signed: 5/14/2013

Date Mailed: 5/14/2013

**\*\*\* NOTICE \*\*\***

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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.