

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909
(517) 335-2484; Fax: (517) 373-4147

IN THE MATTER OF:

Docket No. 2013-50019 PA

██████████,

██████████

██████████

Appellant

_____ /

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37, and upon the Appellant's request for a hearing.

After due notice, a hearing was held ██████████. Appellant appeared and testified on his own behalf. ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, Registered Dental Hygienist and Analyst testified on behalf of the Department.

ISSUE

Did the Department properly deny Appellant's Prior Authorization request for an upper 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 ██████-year-old male (██████████) Medicaid beneficiary. (Exhibit A, pp. 5, 6 and testimony).
2. On ██████████ the Department received a Prior Authorization request from ██████████ on behalf of Appellant for upper and lower partial dentures. (Exhibit A, pp. 5, 7 and testimony).
3. On ██████████, ██████████, Registered Dental Hygienist and Medicaid Utilization Analyst for the Department reviewed the Prior Authorization Request. She approved the request for the lower partial, but denied the request for the upper partial per Medicaid Policy. (Exhibit A, p. 5 and testimony).

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4. On [REDACTED], the Department sent written notice to Appellant stating that Appellant's Prior Authorization request for an upper partial denture was being denied because partial dentures are authorized if there are less than eight posterior teeth in occlusion. (Exhibit A, pp. 2, 5, 8).
5. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received a request for hearing filed on behalf of the Appellant. (Exhibit A, p. 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.

Medicaid covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM). With respect to prior authorization requests, the MPM states:

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. 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 non-covered 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 non-enrolled providers. [*Medicaid Provider Manual, Practitioner Chapter, October 1, 2012, Section 1.10.*]

In this case, the Department's witness identified the reason why Appellant's request for a partial denture was denied. For the reasons discussed below, this Administrative Law Judge finds that the Department's decision should be sustained.

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The *Medicaid Provider Manual, Dental Chapter, Section 6.6 Prosthodontics*, October 1, 2012, covers the available Medicaid benefits for complete and partial dentures. This section states in part:

PROSTHODONTICS (REMOVABLE): GENERAL INSTRUCTIONS

Complete and partial dentures are benefits for all beneficiaries. All dentures require PA. Providers must assess the beneficiary's general oral health and provide a five-year prognosis for the prosthesis requested. An upper partial denture PA request must also include the prognosis of six sound teeth.

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 (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. [Emphasis added, p. 17].

The Department's witness ██████████ a certified dental hygienist stated Appellant's Prior Authorization request for a lower partial denture was approved but the request for an upper partial denture was denied. ██████████ stated with placement of the upper complete denture the Appellant would have eight posterior teeth in occlusion. ██████████ stated according to the Medicaid policy quoted above, complete or partial dentures are authorized only when there are less than eight posterior teeth in occlusion. ██████████ stated that Appellant did not qualify under Medicaid policy for the upper partial denture once the lower partial denture was approved.

Appellant testified he had no knowledge of what he could receive for partial dentures. He stated he believed other people had received both partial dentures, and he did not know why he did not receive both. Appellant stated that his doctor believed he would receive both and that is why he requested both the upper and lower partials.

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Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying his Prior Authorization request. Here, Appellant has failed to meet that burden. As described above, the Department's representative properly identified the reason why Appellant's request was denied and this reason establishes a sufficient basis for the denial in this case. Accordingly, the Department's decision must be affirmed.

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 Prior Authorization request for an upper partial denture.

IT IS THEREFORE ORDERED that:

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

William D Bond

William D. Bond
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

WDB/db

[REDACTED]

***** 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 60 days of the mailing date of the Decision and Order or, if a timely request for rehearing was made, within 60 days of the mailing date of the rehearing decision.