

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

IN THE MATTER OF:

██████████,

Appellant

Docket No. 15-002528 PA

Case No. ██████████

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge (ALJ) 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 without representation.

██████████, Appeals Review Officer, represented the Department of Community Health (Department). ██████████, MA Utilization Analyst, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization (PA) for upper and lower dentures on the grounds of insufficient information?

**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 female Medicaid beneficiary.
2. On ██████████ the Department received a prior authorization request from Appellant's dentist for partial upper and partial lower dentures. (Exhibit A. 7).
3. The Department's evidentiary packet contains a PA form dated ██████████. (Exhibit A.7). The form states that Appellant needs replacement denture, and that her current dentures are ██████ years old. Unrefuted evidence is that Appellant is currently ██████ years old.
4. On ██████████ the Department issued a Request for Additional Information letter to Appellant's dentist referencing a ██████████ PA requesting 4 items that were

incomplete for processing. Of those, the dentist failed to explain or verify necessary information regarding one of the four requests. (Testimony).

5. On ██████████, the Department issued a Notice of Denial upper and lower dentures on the grounds that there was insufficient information to process Appellant's claim. (Exhibit A.5-6).
6. On ██████████, the Michigan Administrative Hearing System (MAHS) received Appellant's Request for 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.

### **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. . . .

Medicaid Provider Manual, (MPM)  
Practitioner, April 1, 2013,<sup>1</sup> page 4.

Under this policy, the MPM requires complete instructions:

### **2.2 COMPLETION INSTRUCTIONS**

The Dental Prior Approval Authorization Request form (MSA-1680-B) is used to obtain authorization. (Refer to the Forms Appendix for instructions for completing the form.) When requesting authorization for certain procedures, dentists may be required to send specific additional information and materials. Based on the MSA-1680-B and the documentation attached, staff approves or disapproves the request and returns a copy to the dentist. Approved requests are assigned a PA number. For billing purposes, the PA number must be entered in the appropriate field on the claim form. An electronic copy of the MSA-1680-B is

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<sup>1</sup> This edition of the MPM is identical to the version in place at the time of negative action.

available on the MDCH website. (Refer to the Directory Appendix for website information.)

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Policy further requires:

**6.6 PROSTHODONTICS (REMOVABLE)**

**6.6.A. GENERAL INSTRUCTIONS**

Complete and partial dentures are benefits for all beneficiaries. All dentures require prior authorization (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 when one or more of the following conditions exist:

- One or more anterior teeth are missing.
- There are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth).
- An existing complete or partial denture cannot be made serviceable through repair, relining, adjustment, or duplicating (rebasing) procedures. If an existing complete or partial denture can be made serviceable, the dentist should provide the needed restorations to maintain use of the existing removable prosthesis. This includes extracting teeth, adding teeth to the existing prosthesis, and removing hyperplastic tissue as necessary to restore the functionality of the complete or partial denture.

MPM, Dental, §6.6A, April 1, 2013, pp. 17, 18

Here, the documentation on the PA form submitted by Appellant's dentist was inconsistent: the x-rays and codes; the age of the current dentures; the number of posterior teeth was not clear. Under the MPM policy cited above, the Department has no authority to approve a request without verification consistent with the requesting authorization. As the required verification was lacking in this case, the Department was required to deny.

The purview of an administrative law judge (ALJ) is to review the Department's actions, and to make a determination if those actions are correct under policy and procedure. A

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review of the Department's law and policy as applied to the facts herein supports the action and thus, the Department's denial must be upheld.

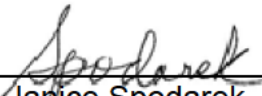
It is noted that the Department indicated at hearing that Appellant had reapplied with an outcome different from the one here, and not reviewed herein.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department correctly denied Appellant's prior authorization request for partial upper and partial lower dentures based on insufficient information.

**IT IS THEREFORE ORDERED** that:

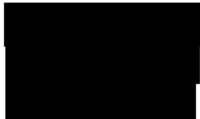
The Department's decision is **AFFIRMED**.

  
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Janice Spodarek

Administrative Law Judge  
for Nick Lyon, Director

Michigan Department of Health And Human Services

cc:



JS/



Date Signed:



Date Mailed:



**\*\*\* 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.