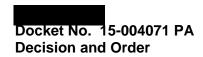
# STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

P.O. Box 30763, Lansing, MI 48909 (877) 833-0870; Fax: (517) 373-4147

IN THE MATTER OF:	De alcat Na	45 004074 DA
	Docket No.	15-004071 PA
Appellant /		
<del></del>		
DECISION AND ORDER		
This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 <i>et seq.</i> , upon Appellant's request for a hearing.		
After due notice, a telephone hearing was held on and testified.  Appeals Review Off Utilization Analyst, represented the Michigan I Services, formerly Department of Community Health	icer, and Department of	
State's Exhibit A 1-9s 1-12 were admitted as evider	nce without obje	ection.
ISSUE		
Did the Department properly deny Appellan for partial lower dentures?	's request for pr	rior authorization (PA)
FINDINGS OF FACT		
The Administrative Law Judge, based upon the evidence on the whole record, finds as material fac	•	iterial and substantial
1. Appellant is a Medicaid beneficiary, Date	e of birth	
<ol> <li>On, Appellant's dentise for partial lower dentures and partial upper</li> </ol>		approval authorization
3. On, the department denture and denied Appellant's request complete or partial dentures are auth posterior teeth in occlusion (fixed bridge occluding teeth) Section 6.6A of the Del Manual did not have less than Exhibit 7)	for an upper pa orized if there s and dentures ntal chapter of	are less than are to be considered



- 4. On partial dentures are only authorized when there are less than posterior teeth in occlusion.
- 5. On Manage the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. (Respondent's 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.

#### 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, 2014, page 4.

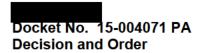
Medicaid Provider Manual 6.6 Prosthodontics (Removable), (January 1, 2015) page 18, General Instructions 6.6.A. states in pertinent part:

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 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

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At the hearing the Department witness testified that Appellant's request was denied because he has more than teeth in occlusion. Appellant retains teeth at the bottom front of his mouth. With the upper partial he retains more than occlusion.

Appellant testified that he has difficulty eating and digesting his food.

On review, the Department's decision to deny the request for dentures was reached within policy. The department has established by the necessary competent, material and substantial evidence on the record that it acted in compliance with department policy when it denied Appellant's prior authorization request for a partial lower denture because he has more than teeth in occlusion. Respondent stated that Appellant should have his dentist submit a request for a full upper denture because Appellant does not have six good teeth and his teeth are decayed.

## **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 PA for partial upper dentures.

#### IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Landis Y. Lain
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Health and Human Services

andis y Lain

Date Signed:

Date Mailed:

LYL/db

CC:



## \*\*\* 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.