

**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. 15-011535 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 Appellant's request for a hearing.

After due notice, a telephone hearing was held on ██████████. Appellant appeared and testified. ██████████, Appeals Review Officer, and ██████████ Medicaid Utilization Analyst, represented the Michigan Department of Health and Human Services, formerly Department of Community Health (the Department or MDHHS).

State's Exhibit A pages 1-9 were admitted as evidence without objection.

ISSUE

Did the Department properly deny Appellant's request for prior authorization (PA) for partial upper and lower dentures?

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 was a Medicaid beneficiary, Date of birth ██████████.
2. Appellant's Medicaid ended ██████████.
3. On ██████████, Appellant's dentist sought prior approval authorization for partial upper and lower dentures.
4. On ██████████, the department denied Appellant's request for a upper partial denture. Partial dentures are authorized if there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth) Section 6.6A of the Dental chapter of the Medicaid Provider Manual did not have less than eight (8) posterior teeth in occlusion. (State's Exhibit A page 5)

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5. On [REDACTED], the department also denied Appellant request for lower partial denture because she has a lower partial denture placed [REDACTED] and is not eligible to receive another before [REDACTED] per Medicaid policy.
6. On [REDACTED], the Department sent Appellant a Notice of Denial as partial dentures are only authorized when there are less than eight posterior teeth in occlusion and when partial dentures have not been placed in the last five years.
7. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. (Respondent's Exhibit A page 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

Appellant testified that she has difficulty eating and digesting her food. It is difficult to chew and therefore, difficult to eat. The Department witness testified that Appellant's request was denied because she has more than eight teeth in occlusion. Appellant retains teeth #3, 4, 5, 6, 7, 8, 9, 10, 11, and 12 in the upper mouth and she retains #21, 22, 23, 24, 25, 26, 27, 28, 29, in her lower mouth which means that she has more than eight teeth in occlusion. Thus, she does not qualify for an upper partial denture under the circumstances.

In addition, per Department database, a Lower partial denture was placed for Appellant on ██████████. Complete or partial dentures are not authorized when a previous prosthesis has been provided within five years, whether or not the existing denture was obtained through Medicaid. Appellant does not qualify for a partial lower denture under Medicaid rules before ██████████.

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 upper denture because she has more than eight teeth in occlusion. The Department properly denied Appellant's request for partial lower denture because she is not eligible for a replacement before ██████████ per Medicaid policy. This Administrative Law Judge has no equity powers and cannot make a decision in contravention of Department policy.

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 and lower dentures.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.


Landis R. Lain

Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Health and Human
Services

[REDACTED]
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cc:

[REDACTED]

Date Signed:

[REDACTED]

Date Mailed:

[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 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.