

**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:

Docket No. 15-001152 PA

██████████

Appellant

██████████

██████████

**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 hearing was held on ██████████. Appellant appeared and testified on her own behalf. Appellant's friend, ██████████, appeared and testified on Appellant's behalf. ██████████ ██████████, Appeals Review Officer, and ██████████, Medicaid Utilization Analyst, represented the Department of Community Health (the Department or MDCH).

State's Exhibits 1-10 and claimant's Exhibit A were admitted as evidence without objection.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization (PA) for partial 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 is a Medicaid beneficiary, Date of birth ██████████
2. On ██████████ ██████████ ██████████, Appellant's dentist sought prior approval authorization for partial lower dentures and full upper dentures.
3. On ██████████, the department approved Appellant for a complete upper denture and denied Appellant's request for partial lower denture because Appellant did not have less than ██████████ posterior teeth in occlusion. (State's Exhibit 6)

4. On ██████████, the Department sent Appellant a Notice of Denial as partial dentures are only authorized when there are less than ██████ posterior teeth in occlusion.
5. On ██████████, the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. (Exhibit A p 2)

## **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 (rebasings) procedures

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At the hearing the Department witness testified that Appellant's request was denied because she has more than [REDACTED] t teeth in occlusion. Appellant retains teeth [REDACTED] at the bottom front of her mouth.

Appellant testified that she has no back teeth which makes chewing meet nearly impossible.

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 she has more than eight teeth in occlusion.

**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 lower dentures.

**IT IS THEREFORE ORDERED** that:

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

*Landis Y. Lain*

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

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

LYL/db

cc: [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.