

**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. 15-019406 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 (the Department or MDHHS or Respondent).

Respondent's Exhibit A pages 1-15 were admitted as evidence.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization (PA) for dental work?

**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.
2. On ██████████ the Department received a prior authorization request for a lower partial denture.
3. On ██████████, the Department sent Appellant a Request for Additional Information, stating that it needed the following information: Submit a new Prior Authorization Form MSA-1680B (most current version) with attached x-rays and include a signed and dated letter from the beneficiary stating their choice of provider for dental services. There is a current treatment plan from a different provider. (State's Exhibit A page 7)

4. On ██████████, the Department of Health and Human Services received a prior authorization request from ██████████ on behalf of Appellant for an upper and lower partial denture.
5. On ██████████, the Department sent Appellant Notice of Denial stating t: This denial is based on Section 2.2 Completion Instructions of the ██████████ of the Medicaid Provider Manual, which indicates: Dentists may be required to send specific additional information and materials. The DDS did not submit specific additional information as requested. The DDS did not submit beneficiary letter requesting change of provider
6. On ██████████, the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing. (State'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.

The evidence on the record indicates that Appellant had a Prior Approval for treatment from a dentist. Appellant then changed dentists and a new Prior Authorization request was filed by the new dentist. The Department needed additional information to make an informed determination. The requested additional information was not submitted so the department denied the request. The Department representative stated that Appellant simply needs to have his dentist submit a new Prior Authorization request with attached x-rays and include a signed and dated letter from Appellant (the beneficiary) stating their choice of provider for dental services.

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

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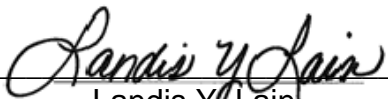
because she has more than eight teeth in occlusion. This Administrative Law Judge has no equity powers and cannot make a decision in contravention of Department policy.

**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 upper and lower 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

cc: [REDACTED]

LYL [REDACTED]

Date Signed: January 14, 2016

Date Mailed: January 14, 2016

**\*\*\* 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.