



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: January 14, 2020
MOAHR Docket No.: 19-011133
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jeffrey Kemm

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 42 CFR 431.200 *et seq.*, and Mich Admin Code: R 792.11002, upon the Petitioner's timely request for a hearing. After due notice, a telephone hearing was held on January 14, 2020, from Lansing, Michigan. Petitioner, [REDACTED] appeared and represented herself. Respondent, Department of Health and Human Services (Department), had Emily Piggott, Appeals Review Officer, appear as its representative. The Department had one witness, Diane Redford, Medicaid Utilization Analyst. Neither party had any additional witnesses.

One exhibit was admitted into evidence during the hearing. A 13-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

ISSUE

Did the Department properly deny Petitioner's request for prior authorization for a lower partial denture?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner is a Medicaid beneficiary.
2. On September 17, 2019, Petitioner's dental provider, My Community Dental Centers, submitted a request for prior authorization for partial upper and lower dentures. The prior authorization request identified which teeth Petitioner had and which were missing. The prior authorization request identified that Petitioner had four lower posterior teeth and all lower anterior teeth.

3. The Department reviewed the prior authorization request, determined that Petitioner was eligible for an upper partial denture, and determined that Petitioner was not eligible for a lower partial denture because Petitioner would have eight posterior teeth in occlusion with the upper partial denture in place.
4. On October 11, 2019, the Department denied Petitioner's request for prior authorization for a lower partial denture. The Department cited its reason for denial as Policy 6.6.A of the Medicaid Provider Manual, which prohibits authorization for dentures when the client has all her anterior teeth and eight or more posterior teeth in occlusion.
5. On October 25, 2019, Petitioner filed a hearing request to dispute the Department's denial.

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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.

The Medicaid Provider Manual states, "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." *MDHHS Medicaid Provider Manual* (October 1, 2019), Practitioner Chapter, Section 1.9, p. 4. All dentures require prior authorization. *Id.* at Dental Chapter, Section 6.6, p. 20. Complete or partial dentures are only authorized when "one or more anterior teeth are missing or there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth)." *Id.* at Dental Chapter, Section 6.6.A, p. 21.

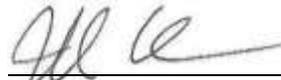
My Community Dental Centers requested prior authorization for partial upper and lower dentures for Petitioner. The Department approved Petitioner for an upper partial denture. With an upper partial denture in place, Petitioner had all of her upper teeth, four lower posterior teeth, and all lower anterior teeth. Thus, Petitioner had eight posterior teeth in occlusion and all of her lower anterior teeth. Therefore, Petitioner did not meet the criteria for prior authorization for a lower partial denture because Petitioner did not have one or more of her lower anterior teeth missing or less than eight posterior teeth in occlusion. Since Petitioner did not meet the criteria for prior authorization for a lower partial denture, the Department properly denied Petitioner's request for prior authorization for a lower partial denture.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied Petitioner's request for prior authorization.

IT IS ORDERED THAT the Department's decision is **AFFIRMED**.

JK/dh



Jeffrey Kemm

Administrative Law Judge
for Robert Gordon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139

DHHS -Dept Contact

Gretchen Backer
400 S. Pine, 6th Floor
PO Box 30479
Lansing, MI 48909

DHHS Department Rep.

M. Carrier
Appeals Section
PO Box 30807
Lansing, MI 48933

Agency Representative

Emily Piggott
222 N Washington Square
Suite 100
Lansing, MI 48909

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]