



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]

Date Mailed: March 3, 2020  
MOAHR Docket No.: 20-000301  
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 March 3, 2020, from Lansing, Michigan. Petitioner, [REDACTED], appeared and represented herself. Respondent, Department of Health and Human Services (Department), had Allison Pool, 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 16-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 an upper 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 December 12, 2019, Petitioner's dental provider, School of Dentistry, 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 upper posterior teeth and all upper anterior teeth.

3. The Department reviewed the prior authorization request, determined that Petitioner was eligible for a lower partial denture, and determined that Petitioner was not eligible for an upper partial denture because Petitioner had all her upper anterior teeth and she would have eight posterior teeth in occlusion with the lower partial denture in place.
4. On January 6, 2020, the Department denied Petitioner's request for prior authorization for an upper 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 January 24, 2020, 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* (January 1, 2020), 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.

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



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**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**

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**Petitioner**

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