



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED] MI 4 [REDACTED]

Date Mailed: October 8, 2020  
MOAHR Docket No.: 20-005754  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Corey Arendt**

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Petitioner's request for a hearing.

After due notice, a hearing was held on October 8, 2020. Petitioner appeared on her own behalf. Allison Pool, Appeals Review Officer, appeared on behalf of the Respondent, the Department of Health and Human Services (Department). Kim Hansen, Medicaid Utilization Analyst, appeared as a witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

**ISSUE**

Did the Department properly deny Petitioner's request for prior authorization?

**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, born [REDACTED] 1961. (Exhibit A, p 12.)
2. On or around August 13, 2020, My Community Dental Clinics, submitted on behalf of Petitioner, a prior authorization request for complete upper and lower dentures. The request indicated upper and lower dentures were placed on June 1, 2019. (Exhibit A, p 16; Testimony.)
3. On August 26, 2020, the Department sent the Petitioner a notification of denial indicting the prior authorization request was denied. The reason for the denial

was that complete or partial dentures are not authorized when a previous prosthesis had been provided within the prior 5 years. (Exhibit A, pp 12-13; Testimony.)

4. On September 18, 2020, the Michigan Office of Administrative Hearing and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, pp 6-11.)

## **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.

### **1.9 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.<sup>1</sup>

Under the general policy instructions for Medicaid related dental services the MPM sets replacement schedules for denture repair and replacement:

#### **6.6.A. GENERAL INSTRUCTIONS**

Complete and partial dentures are benefits for all beneficiaries. All dentures require 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 maxillary teeth.

Complete or partial dentures are authorized when one or more of the following conditions exist:

- One or more anterior teeth missing;
- There are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth); or

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<sup>1</sup> Medicaid Provider Manual, Practitioner Chapter, January 1, 2020, p 4.

Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, and duplications within six months of insertion. This includes such services for an immediate upper denture when authorized.

If a complete or partial denture requires an adjustment, reline, repair, or duplication within six months of insertion, but the services were not provided until after six months of insertion, no additional reimbursement is allowed for these services.

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.
- An adjustment, reline, repair, or duplication will make them serviceable.
- Replacement of a complete or partial denture that has been lost or broken beyond repair is not a benefit within five years, whether or not the existing denture was obtained through Medicaid.<sup>2</sup>

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The Department's witness stated Petitioner's Prior Authorization request was denied, because upper and lower dentures had been provided within the prior 5 years.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying her Prior Authorization request. The Petitioner indicated she had additional teeth pulled now and has bacterial issues. The Petitioner, however, failed to present any evidence to show that dentures were not placed in June of 2019 and is encouraged to follow up with the fraud hotline as referenced to during the hearing.

As described above, the Department's witness properly identified the reason why Petitioner's request was denied, and this reason establishes a sufficient basis for the denial in this case. Accordingly, the Department's decision must be affirmed.

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<sup>2</sup> Medicaid Provider Manual, Dental Chapter, July 1, 2020, pp 20-21.

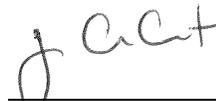
**DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that Department properly denied the Petitioner's request for complete lower and upper dentures.

**IT IS, THEREFORE, ORDERED** that:

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

CA/dh



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**Corey Arendt**  
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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400 S. Pine, 6th Floor  
PO Box 30479  
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**DHHS Department Rep.**

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**Petitioner**

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