

4. Petitioner's lower partial denture did not fit her properly after she lost teeth from her injuries.
5. Petitioner sought dental treatment to get a new partial lower denture.
6. On February 6, 2021, David Flint, DDS, requested prior authorization from Medicaid for a partial lower denture for Petitioner.
7. The Department reviewed the prior authorization request and determined that Petitioner had received a prior prosthesis for her lower teeth within the past five years.
8. On March 5, 2021, the Department denied the request for prior authorization for a partial lower denture. The Department cited its reason for denial as Policy 6.6.A of the Medicaid Provider Manual, which prohibits authorization for dentures when a previous prosthesis has been provided within five years.
9. On March 31, 2021, 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 prior authorization is to review the medical need for certain services." *MDHHS Medicaid Provider Manual* (January 1, 2021), 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 not authorized when "a previous prosthesis has been provided within five years, whether or not the existing denture was obtained through Medicaid." *Id.* at Dental Chapter, Section 6.6.A, p. 21. Further, complete or partial dentures are not authorized when lost or broken within five years. *Id.*

The Department acted in accordance with its policy when it denied Petitioner's request for prior authorization for a partial lower denture because billing records showed that Petitioner had been provided a partial lower denture within five years of the date of the prior authorization request. Since Petitioner had been provided a previous prosthesis within five years of the date the prior authorization was submitted, the Department was required to deny Petitioner's request. Even though Petitioner's lower partial denture may not work as intended anymore, the Department was still required to deny Petitioner's request because the Department's records showed that Petitioner had been

provided a lower partial denture within five years of the date of the prior authorization request for a lower 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

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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