



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR



Date Mailed: February 4, 2022  
MOAHR Docket No.: 21-006093  
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 February 1, 2022. Petitioner appeared on her own behalf. John Lambert, Appeals Review Officer, appeared on behalf of the Respondent, the Department of Health and Human Services (Department). Kim Hanson, 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] 1956. (Exhibit A, p 6.)
2. On August 22, 2017, Petitioner received upper and lower partial dentures. (Exhibit A, p 9; Testimony.)
3. In November 2021, Creed Judkins, submitted on behalf of Petitioner, a prior authorization request for upper partial and lower partial dentures. (Exhibit A, p 8; Testimony.)
4. On December 14, 2021, the Department sent the Petitioner a notification of

denial indicating 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 6-7; Testimony.)

5. On December 27, 2021, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, p 4.)

### **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 dentures, immediate complete dentures, and partial dentures are benefits for all beneficiaries and require PA. Complete or partial dentures are prior 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)

\*\*\*\*

Complete or partial dentures are not authorized when:

- Medicaid or Medicaid Managed Care has provided a dentures in the same ach within five years.

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

- An adjustment, reline, repair, or rebase will make the current dentures serviceable.
- A complete or partial denture obtained through Medicaid within five years has been lost or broken.<sup>2</sup>

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

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying the Prior Authorization request. Petitioner did not dispute the prior placement but instead argued she lost additional teeth since the original placement, and she was told her current partials were not properly made.

The evidence clearly indicates Petitioner had a prior placement in the prior 5 years.<sup>3</sup>

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.


### **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 Petitioner's request for upper and lower dentures.

**IT IS THEREFORE ORDERED** that:

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

CA/dh

  
\_\_\_\_\_  
**Corey Arendt**  
Administrative Law Judge

<sup>2</sup> Medicaid Provider Manual, Dental, October 1, 2021, pp 22-23.

<sup>3</sup> During the hearing, the Department encouraged Petitioner to have a new prior authorization form completed and turned in after February 22, 2022. The Department indicated they would waive the 5-year rule at that point in time as the Petitioner would be within 6 months of her 5-year anniversary from the prior placement.

**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

**Petitioner**

[REDACTED]  
MI [REDACTED]

**Agency Representative**

John Lambert  
MDHHS Appeals Section  
PO Box 30807  
Lansing, MI 48909