



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR



Date Mailed: April 8, 2022
MOAHR Docket No.: 22-000904
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 April 6, 2022. 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). Carolyn Malhoit, 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] 1987. (Exhibit A, p 12.)
2. On July 24, 2019, Petitioner received upper partial dentures. (Exhibit A, pp 14-15; Testimony.)
3. On or around January 17, 2022, My Community Dental Center, submitted on behalf of Petitioner, a prior authorization request for upper complete and lower complete dentures. (Exhibit A, p 16; Testimony.)
4. On January 27, 2022, the Department sent the Petitioner a notification of denial

and a notification of amended authorization. The notification of denial indicated 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. The notification of amended authorization indicated Petitioner's request for completed lower dentures was approved. (Exhibit A, pp 11-13; Testimony.)

5. On March 1, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, pp 6-10.)

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.¹

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 denture in the same arch within five years.

¹ 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.²

The Department's witness stated Petitioner's Prior Authorization request for complete upper dentures was denied, because upper 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 indicated she would have had all of her teeth pulled in 2019 had she known about the 5-year rule. Petitioner also indicated that she is not getting all of the nutrients she needs and that she finds not having teeth to be humiliating.

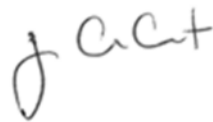
As described above, the Department's witness properly identified the reason why Petitioner's request was denied, and this reason establishes a sufficient basis for the denial in this case. Although I sympathize with Petitioner's pleas, Petitioner did not provide any documentation to corroborate her claims of malnourishment and she did not identify any exceptions to the policy outlined by the Department. 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 complete dentures.

IT IS, THEREFORE, ORDERED that:

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



CA/dh

Corey Arendt
Administrative Law Judge

² Medicaid Provider Manual, Dental, October 1, 2021, pp 22-23.

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

[REDACTED]
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