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MI  
[REDACTED]

Date Mailed: April 12, 2022  
MOAHR Docket No.: 22-000979  
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 12, 2022. Petitioner appeared on his own behalf. Allison Pool, Appeals Review Officer, appeared on behalf of the Respondent, the Department of Health, and Human Services (Department). Eric Neilson, Section Manager, 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] 1958. (Exhibit A, p 8.)
2. On January 23, 2020, Petitioner received lower partial dentures. (Exhibit A, p 10; Testimony.)
3. On or around January 27, 2022, My Community Dental Center, submitted on behalf of Petitioner, a prior authorization request for upper complete and lower complete dentures. (Exhibit A, p 11; Testimony.)

4. On February 3, 2022, the Department sent the Petitioner a notification of denial. 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. (Exhibit A, pp 8-9; Testimony.)
5. On March 7, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing.
6. Following receipt of the request for hearing, the Department recognized a mistake and have since approved Petitioner's request for complete upper dentures. (Testimony.)

## **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).

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<sup>1</sup> Medicaid Provider Manual, Practitioner Chapter, April 1, 2022, p 4.

Complete or partial dentures are not authorized when:

- Medicaid or Medicaid Managed Care has provided a denture in the same arch within five years.
- 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 for complete lower dentures was denied, because lower 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 he had additional teeth extracted following the initial lower partial denture placement in 2020. Petitioner went on to indicate the dentist who placed the initial placement is no longer in business and he is having difficulty getting work done on his current lower dentures

The Department indicated that in accordance with Medicaid Provider Manual 6.6.F, Petitioner could have lower complete dentures approved if, his dental provider can provide documentation with a new prior authorization request that shows it is more cost effective to replace the denture than repair it.

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, April 1, 2022, pp 22-23.

**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 lower complete dentures.

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

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

CA/dh

  
Corey Arendt  
Administrative Law Judge

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**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  
P.O. Box 30479  
Lansing, MI 48909

**DHHS Department Rep.**

M. Carrier  
MDHHS Appeals Section  
P.O. Box 30807  
Lansing, MI 48909

**Agency Representative**

Allison Pool  
MDHHS Appeals Section  
P.O. Box 30807  
Lansing, MI 48909

**Petitioner**

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MI [REDACTED]