



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR



Date Mailed: August 5, 2020
MOAHR Docket No.: 20-004108
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

DECISION AND ORDER

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 *et seq*; 42 CFR 438.400 *et seq*; and Mich Admin Code, R 792.11002.

After due notice, a hearing was held on August 4, 2020. [REDACTED] the Petitioner, appeared on her own behalf. The Department of Health and Human Services contracted Medicaid Health Plan (MHP), MeridianHealth, was represented by Katie Feher, Manager of Appeals.

During the hearing proceeding, the MHP's Hearing Summary packet was admitted as marked, Exhibit A, pp. 1-56.

ISSUE

Did the MHP properly deny Petitioner's request for a root canal for tooth #12 and crowns for teeth #12 and 13 with fillings (post and core)?

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 an adult Medicaid beneficiary enrolled in the MHP, date of birth [REDACTED] 1980. (Exhibit A, p. 11)
2. On June 15, 2020, the MHP received a prior authorization request for a root canal for tooth #12 and crowns for teeth #12 and 13 with fillings (post and core) for Petitioner. (Exhibit A, pp. 11-15)

3. On June 16, 2020, the MHP issues a Notice of Adverse Benefit Determination stating the prior authorization request would be denied because these services are not a covered benefit. (Exhibit A, pp. 16-25)
4. On June 23, 2020, the MHP received an internal appeal request. (Exhibit A, p. 29)
5. On June 23, 2020, DentaQuest reviewed the request and issued a recommendation upholding the denial because these services are not covered under Petitioner's plan. (Exhibit A, pp. 26-27)
6. On June 25, 2020, the MHP issued a Notice of Internal Appeal Decision-Denial stating the services Petitioner is requesting are not covered benefits under her dental plan. (Exhibit A, pp. 28-37)
7. On July 6, 2020, Petitioner filed a hearing request with the Michigan Office of Administrative Hearings and Rules (MOAHR) contesting the MHP's determination. (Exhibit A, pp. 2-5)

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.

On May 30, 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent is one of those MHPs and, as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract with the Department:

1.2.A. MEDICAID HEALTH PLANS

MDHHS contracts with Medicaid Health Plans (MHPs) to provide services to Medicaid beneficiaries. MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the Medicaid Health Plans Chapter of this manual for additional information.)

Although MHPs must provide the full range of covered services, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization (PA) requirements and utilization management and review criteria that differ from Medicaid requirements.

*MPM, Healthy Michigan Plan Chapter,
April 1, 2020, pp. 1-2*

For Healthy Michigan Plan (HMP) beneficiaries, the covered services include dental services.

5.1 DENTAL

Beneficiaries enrolled in a health plan will receive their dental coverage through their health plan. Each health plan contracts with a dental provider group or vendor to provide dental services administered according to the contract. The contract is between the health plan and the dental provider group or vendor, and beneficiaries must receive services from a participating provider to be covered. Questions regarding eligibility, prior authorization or the provider network should be directed to the beneficiary's health plan. It is important to verify eligibility at every appointment before providing dental services. Dental services provided to an ineligible beneficiary will not be reimbursed.

For those beneficiaries who are not enrolled in a health plan, dental services will be provided by enrolled dental providers through the Medicaid FFS program.

For dental program coverage policy, refer to the Dental Chapter of this manual. The Dental Chapter also contains information on the Healthy Kids Dental benefit, as applicable.

*MPM, Healthy Michigan Plan Chapter,
April 1, 2020, p. 10
(Underline added by ALJ)*

The Dental Chapter of the MPM addresses restorative dental treatment and endodontic services:

6.3 RESTORATIVE TREATMENT

Restorative treatment using Amalgam or Direct Resin-Based Composite materials to restore carious lesions or fractured teeth is a covered benefit for all beneficiaries. Limited

indirect restorations (crowns) are covered for beneficiaries under age 21. Restorative treatment is limited to those services necessary to restore and maintain adequate dental health. The prognosis of the tooth to be restored, as well as the overall treatment plan for the beneficiary, should be evaluated prior to restoration. A reasonable projection of a successful outcome is expected.

6.3.C. INDIRECT RESTORATIONS

Limited crown coverage is a covered benefit for beneficiaries under age 21. Limited crown coverage includes:

Provisional Crowns

- Stainless steel crown – for primary teeth and permanent molars
- Stainless steel crown with resin window – for anterior primary teeth
- Crowns are covered only once per two years by any provider.

Crowns

- Laboratory-processed resin crown and $\frac{3}{4}$ resin crowns (indirect) – for anterior permanent teeth only; prior authorization (PA) is required.
- Crowns are covered only once per five years by any provider.

The following are allowed for permanent teeth only when a restorative crown will be placed:

- Direct core build-up, including any pins
- Post and core substructures (indirectly fabricated or prefabricated)

*MPM, Dental Chapter,
April 1, 2020, pp. 17-18
(Underline added by ALJ)*

6.4 ENDODONTICS

Endodontics is a benefit only for beneficiaries under age 21.

6.4.A. ROOT CANAL THERAPY

Program coverage for root canal therapy is solely for the professionally accepted, conventional root canal treatment modalities. These involve complete removal of pulpal tissue to the tooth apex, canal enlargement and debridement, and the obliteration of the entire root canal by the permanent insertion of an inert, nonresorbable filling material. The Sargenti technique is not a covered benefit.

Root canal therapy is a benefit only where otherwise sound teeth can be reasonably restored under program coverages, and the condition of the rest of the mouth supports this method of treatment.

The root canal therapy is not covered if the following conditions exist:

- Furcation pathology is present.
- A posterior tooth has no opposing tooth.
- Tooth is not restorable under Medicaid guidelines.

*MPM, Dental Chapter,
April 1, 2020, p. 19
(Underline added by ALJ)*

The DentaQuest Healthy Michigan 21+ Plan Office Reference Manual policy identifies covered benefits. Root canal, core, and crown services are not included. (Exhibit A, pp. 38-56)

In this case, the MHP received a prior authorization request for a root canal for tooth #12 and crowns for teeth #12 and 13 with fillings (post and core) for Petitioner. (Exhibit A, pp. 11-15.) Petitioner is an adult Medicaid beneficiary enrolled in the MHP, date of birth October 4, 1980. (Exhibit A, p. 11)

The MHP determined Petitioner's prior authorization request would be denied because these are not covered benefits under Petitioner's plan. There is no exception for medical necessity. (Exhibit A, pp. 9-56; Manager of Appeals Testimony)

Petitioner testified that her dental provider said that these services are covered by the MHP twice in a lifetime when medically necessary. However, no specific policy was referenced. (Petitioner Testimony)

This ALJ is limited to reviewing the MHP's determination under the existing policy and cannot change or make exceptions to that policy. While it is possible that prior policy for Healthy Michigan Plan beneficiaries was different, or that the MHP policy for other types of beneficiaries differs, Petitioner's request must be reviewed under the current applicable policy.

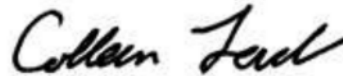
Overall, the evidence supports the MHP's determination to deny Petitioner's prior authorization request for a root canal for tooth #12 and crowns for teeth #12 and 13 with fillings (post and core) for Petitioner. The above cited MPM Dental Chapter policy indicates there is no coverage for crown or endodontics services for beneficiaries age 21 or older. In this case, Petitioner is over age 21. Therefore, the requested services would not be covered under the MPM Dental Chapter policy. Accordingly, the MHP's denial must be upheld.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the MHP properly denied Petitioner's request for a root canal for tooth #12 and crowns for teeth #12 and 13 with fillings (post and core).

IT IS, THEREFORE, ORDERED that:

The Medicaid Health Plan's decision is **AFFIRMED**.



CL/dh

Colleen Lack
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

Managed Care Plan Division
CCC, 7th Floor
Lansing, MI 48919

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]

Community Health Rep

Meridian Health Plan of Michigan Inc.
Appeals Section
PO Box 44287
Detroit, MI 48244