



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 15, 2022
MOAHR Docket No.: 22-000948
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Robert J. Meade

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 42 CFR 431.200 *et seq.* and 42 CFR 438.400 *et seq.* upon Petitioner's request for a hearing.

After due notice, a hearing was held on April 12, 2022. Petitioner appeared and testified on her own behalf. Nicole Sanford, Deputy General Counsel, appeared and testified on behalf of Respondent, Delta Dental of Michigan.

ISSUE

Did the Respondent properly deny Petitioner's prior authorization (PA) requests for restoration work and crowns?

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 who is enrolled in the Respondent Healthy Michigan Dental Plan. Petitioner is over [REDACTED] years of age. (Exhibit A, p 2; Testimony)
2. On December 17, 2021, Respondent received a pre-treatment estimate from Petitioner's dentist for restoration work and a crown on tooth 30 following a root canal. (Exhibit A, pp 1-3; Testimony)
3. On December 17, 2021, Respondent sent Petitioner and her dentist a Notice of Adverse Benefit Determination indicating that the request for restoration work and a crown on tooth 30 was denied because, per policy, Petitioner was outside of the contractual age limit for the service. (Exhibit A, pp 4-7; Testimony)
4. On February 8, 2022, Respondent received a pre-treatment estimate from Petitioner's dentist for restoration work and crowns on teeth 30 and 31 following root canals. (Exhibit A, pp 8-10; Testimony)

5. On February 14, 2022, Respondent sent Petitioner and her dentist a Notice of Adverse Benefit Determination indicating that the request for restoration work and crowns on teeth 30 and 31 were denied because, per policy, Petitioner was outside of the contractual age limit for the service.¹ (Exhibit A, pp 11-14; Testimony)
6. On March 7, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit 1)

CONCLUSIONS OF LAW

The Medical Assistance Program 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.

In 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 (MHP).

The Respondent is the dental contractor for 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:

The Michigan Department of Health and Human Services (MDHHS) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary

¹ Respondent's representative indicated that Petitioner's dentist submitted a third pre-treatment estimate for restoration work and crowns for Petitioner on or about March 9, 2022, but the undersigned did not find the documentation in the hearing packet.

Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.

*Medicaid Provider Manual
Medicaid Health Plan Chapter
October 1, 2021, p 1
Emphasis added*

Policy for Healthy Michigan Plan recipients through Respondent Delta Dental Plan indicates, in relevant part:

Covered services include:

- Oral exams (*1 in 6 months*)
- Assessment (*1 in 6 months*)
- X-rays
 - Bitewing X-rays (*1 in 12 months*)
 - Full mouth or panoramic X-rays (*1 in 5 years*)
- Teeth cleaning (*1 in 6 months*)
- Fillings
- Sedative filling
- Extractions, simple and surgical
- Limited other oral surgery
- Emergency treatment of dental pain
- IV sedation (*when medically necessary*)
- Complete denture (*1 in 5 years*)
- Partial denture (*1 in 5 years*)
- Denture adjustments and repairs
- Denture rebase and reline (*1 time in 2 years*)
- Re-cement crowns and bridges

In addition, if you are under age 21, the services listed below are also covered for you:

- Crown buildup, including pins
- Resin crown (*1 in 5 years*)
- Root canals (*1 in 2 years on same tooth*)
- Stainless steel crown

(prefabricated) *(1 in 2 years on same tooth)*

- Temporary partial denture *(only to replace front teeth)*

(Exhibit A, p 18; Emphasis added)

Pursuant to the above policy and its contract with the Department, Respondent has developed a prior authorization process subject to the limitations and restrictions described in Respondent's Medicaid agreement, the MPM, Medicaid bulletins, and other directives.

Respondent's witness testified that Petitioner's request for restoration work and crowns on teeth 30 and 31 were denied for failure to meet policy requirements. Specifically, Respondent's witness indicated that restoration work and crowns are only covered for those under age 21 and here, Petitioner is over age [REDACTED].

Petitioner testified that she understood that she was outside of the age limit for the requested services, but she was not sure why that would matter. Petitioner indicated that she is still living a productive life and wants a healthy and pain free life. Petitioner explained that she had to borrow the money to get the first root canal done and was told that she needed to have the tooth restored soon. Petitioner testified that she does not want to settle for having all her teeth removed and getting dentures just because her income is low. Petitioner indicated that she must pick food out of the hole left from the root canal and it is very painful. Petitioner testified that the pain elevates her blood pressure, and she already has hypertension. Petitioner indicated that she does not want this pain to lead to a stroke. Petitioner testified that she understands that plans have limitations, but the limitations here do not make any sense. Petitioner indicated that while she is appreciative to have coverage, she is appeased as opposed to totally satisfied. Petitioner testified that it is almost like having no coverage at all unless you need something very minor done.

Given the above policy and evidence, Petitioner has failed to prove by a preponderance of the evidence that Respondent erred in denying the prior authorization request for restoration work and crowns. As indicated above, policy clearly states that restoration work and crowns are only covered for beneficiaries under age 21 and here Petitioner is over age [REDACTED]. As such, Respondent properly denied her request. While the undersigned can certainly sympathize with Petitioner's situation, the undersigned has no authority to ignore clear policy and no equitable powers to grant Petitioner any relief.

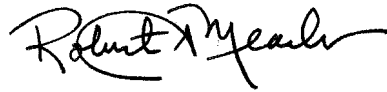
Accordingly, Respondent properly denied Petitioner's request for restoration work and crowns.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that Respondent properly denied Petitioner's prior authorization request for restoration work and crowns.

IT IS THEREFORE ORDERED that:

Respondent's decision is **AFFIRMED**.



RM/tem

Robert J. Meade
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

Managed Care Plan Division
CCC, 7th Floor
Lansing, MI 48919
MDHHS-MCPD@michigan.gov

Community Health Rep

Delta Dental
Attn: Compliance Officer
P O Box 30416
Lansing, MI 48864
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Petitioner

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