

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]

Date Mailed: December 11, 2020
MOAHR Docket No.: 20-005660
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 December 9, 2020. Petitioner appeared on his own behalf. Margaret Kokoszka, Vice President of Quality Improvement, appeared on behalf of the Respondent, Michigan Complete Health (Department). Dr. David Deporter, National Dental Director, Envolve Dental on behalf of Michigan Complete Health, appeared as a witness for the Department. Petitioner's wife, Shaki Alli, interpreted the hearing for Petitioner.

Exhibits:

Petitioner	None ¹
Department	A – August 24, 2020 Integrated Denial Notice
	B – November 5, 2020 Appeal Decision Notice
	C – Michigan Provider Manual (MPM) excerpt
	D – Dental Fee Schedule January 2020
	E – State of Michigan Plan Dental Services
	F – Michigan Complete Member Handbook excerpt
	G – 3-Way Contract Covered Services Appendix

ISSUE

Did the Department properly deny Petitioner's request for scaling and root planing?

¹ Petitioner indicated he had submitted via email, 4 proposed exhibits along with a cover letter addressed to Administrative Law Judge Corey Arendt. Petitioner could not recall when he submitted the email, other than he submitted it to HarknessD1@michigan.gov from his email address of [REDACTED]. There is no record of Petitioner's email ever being received. Additionally, the Department's representative indicated she also had not received a copy of Petitioner's proposed exhibits.

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 enrolled with Department. (Exhibit A; Testimony).
2. On August 22, 2020, Petitioner's dental care provider, submitted to Department a request for scaling and root planing. (Exhibit A; Testimony).
3. Scaling and root planning is a periodontal procedure and has a Code D4341 or D4342. (Exhibit D; Testimony.)
4. On August 24, 2020, Department sent Petitioner a Notice of Denial of Medical coverage. The notice indicated the requested service was not a covered benefit. (Exhibit A; Testimony.)
5. On September 11, 2020, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing.
6. On October 20, 2020, Department received from Petitioner, an internal appeal request. (Exhibit B; Testimony.)
7. On November 5, 2020, Department sent Petitioner a Notice of Appeal Decision. The notice stated the following:

The appealed pre authorization has been denied by Dr. Kevin Schrimper, DDS in General Dentistry on 10/27/2020. Dr. Kevin Schrimper, a dental external consultant not associated with the initial denial, reviewed the appeal for scaling and root planning. (This is a deep cleaning of your whole mouth). After a thorough review of submitted documentation, the consultant determined to deny the requested services. This service is not covered under your benefit package. The decision was based on criteria stated in the 2019 Envolve Dental Plan provider manual. The criteria was developed using the most current version of nationally recognized guidelines published by the American Dental Association and Envolve Dental Plan's internal policies and guidelines. Medical necessity review is only considered when services are covered benefits. (Exhibit B.)

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:

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 MDHHS 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 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.²

In this case, the prior authorization request indicated Petitioner is seeking coverage of scaling and root planing.

² MPM, Medicaid Health Plans, July 1, 2019, p 1.

The dental chapter of the MPM addresses periodontic procedures like scaling and root planing:

6.5 PERIODONTICS

Full mouth debridement is performed as a therapeutic, not preventative, treatment for beneficiaries to aid in the evaluation and diagnosis of their oral condition. It is the removal of subgingival and/or supragingival plaque and calculus.

Full mouth debridement is a benefit for beneficiaries age 14 and over once every 365 days. It is not covered when a prophylaxis is completed on the same day.

No other periodontal procedures are considered to be covered benefits.³

In this case, the Department denied Petitioner's request for scaling and root planning as this is a periodontal procedure that is not a covered benefit per the MPM. In addition, the Department also pointed out that the procedure code for scaling and root planing is not on the Medicaid approved procedure code list.

In response, the Petitioner attempted to articulate the possibility of there being some type of exception or exemption but failed to identify any rule or policy to substantiate these claims. In the absence of any rule or policy showing an exception or exemption, I have no choice but to affirm the Department's decision to deny Petitioner's request for scaling and root planing.

Therefore, based on the record presented, I find sufficient evidence to affirm the Department's decision to deny the Petitioner's request for a scaling and root planing.

³ MPM, Dental, July 1, 2020, p 20.

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 scaling and root planing based on the information available at that time.

IT IS, THEREFORE, ORDERED that:

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

CA/dh

Corey Arendt

Corey Arendt
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]
[REDACTED] MI [REDACTED]

Community Health Rep

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