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Date Mailed: September 22, 2022  
MOAHR Docket No.: 22-003653  
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 telephone hearing was held on September 21, 2022. Petitioner, [REDACTED], appeared and testified on his own behalf. Karina Coapespon, Supervisor, Appeals, appeared on behalf of Meridian Health, the Respondent, Medicaid Health Plan (Meridian or MHP). Dr. Mannie Beck, Consultant; and Griffin Anderson, Senior Appeals Coordinator, appeared as witnesses for the MHP.

**ISSUE**

Did the MHP properly deny Petitioner's prior authorization request for Alveoloplasty?

**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, MHP. (Exhibit A, p 8; Testimony)
2. On June 19, 2022, the MHP received a prior authorization request from Petitioner's provider for Alveoloplasty. (Exhibit A, pp 9-12; Testimony)
3. On June 24, 2022, the prior authorization request was reviewed and denied by Respondent's dental contractor, who determined that the procedure was not covered because there were less than four tooth spaces in the quadrant that required Alveoloplasty. (Exhibit A, pp 13-14; Testimony)
4. On June 26, 2022, the MHP sent Petitioner and his provider a Notice of

Adverse Benefit Determination indicating that the prior authorization request was denied. Specifically, the notice indicated, "Your dentist asked to smooth your bone in an area with less than four tooth spaces. Your dentist is not smoothing bone in that many tooth spaces. We have asked your dentist to fix the code. We have also told your dentist." (Exhibit A, pp 15-24; Testimony)

5. On July 19, 2022, Petitioner requested an Internal Appeal. (Exhibit A, p 25; Testimony)
6. On August 11, 2022, after review, the MHP sent Petitioner a Notice of Internal Appeal Decision – Denial, which indicated that the denial was upheld because:

You said you need the bone in your mouth trimmed because it has grown. You said the bone bothers you. The request was reviewed on the DentaQuest Clinical Criteria for Alveoloplasty. The rules say that to qualify for this service (code requested) you would need to have no teeth in that section of your mouth (edentulous). The notes show that you have teeth on the upper right side of your mouth. The request is denied.

Your appeal and all clinical information were reviewed by a DentaQuest Dental Consultant who is a DMD, board certified in General Dentistry.

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(Exhibit A, pp 26-37; Testimony)

7. On August 22, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, pp 1-4)
8. On September 20, 2022, MOAHR received from Petitioner a copy of the Notice of Internal Appeal Decision – Denial form with notes from his dentist office. (Exhibit 1; Testimony)

## **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 statutes, 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. 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.

*Medicaid Provider Manual  
Medicaid Health Plan Chapter  
April 1, 2022, p 1  
(Emphasis added)*

With regard to medical necessity, Meridian policy indicates, in part:

- Alveoloplasty (code D7310) in conjunction with four or more extractions in the same quadrant will be covered subject to consultant review.

(Exhibit A, pp 56-66, Emphasis added)

In this case, the denial of the prior authorization request was based on the MHP's determination that Petitioner was not missing at least four teeth in the requested quadrant, as required by policy. The MHP's doctor consultant also pointed out that Alveoloplasty is only allowed per Medicaid policy in preparation for dentures, and here, Petitioner was not planning on receiving dentures.

Petitioner testified that there had been some communication between the dentist's office and the MHP, and the office tried submitting under a different code, but that was denied as well. Petitioner explained that he basically has a piece of bone sticking out of the left side of his upper gum and he can feel it all the time. Petitioner indicated that the condition was not really painful, but that could be because he is also taking nerve medicine for a foot issue. Petitioner testified that the condition is not causing any medical concern, such as an inability to chew or eat, but that it is just pressing to a point where he can feel it constantly.

Given the above policy and evidence, Petitioner has failed to prove by a preponderance of the evidence that the MHP erred in denying the prior authorization request for Alveoloplasty. Here, the policy clearly states that Alveoloplasty is only covered in a quadrant with at least four missing teeth. This makes sense, given that the MHP's doctor consultant testified that policy also indicates that Alveoloplasties are only available through Medicaid in preparation for the placement of dentures. While the undersigned can appreciate Petitioner's concern and his frustration, the procedure requested is simply not available through Medicaid at this time. As such, the MHP properly denied Petitioner's request.

### **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 prior authorization request for Alveoloplasty.

**IT IS THEREFORE ORDERED** that:

The Medicaid Health Plan's decision is AFFIRMED.



RM/dh

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**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

**Via Electronic Mail:**

**DHHS Department Contact**  
MDHHS  
CCC, 7th Floor  
Lansing, MI 48919  
**MDHHS-MCPD@michigan.gov**

**Community Health Rep**  
Katie Feher  
Meridian Health Plan of Michigan Inc.  
1 Campus Martius, Suite 700  
Detroit, MI 48244  
**katie.feher@mhplan.com**

**Via First Class Mail:**

**Petitioner**

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