



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
SUZANNE SONNEBORN
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA
DIRECTOR



Date Mailed: April 2, 2024
MOAHR Docket No.: 24-001882
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, 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 March 27, 2024. Petitioner appeared and testified on his own behalf. Karina Coateston and Dr. Jessie Marshall appeared on behalf of Respondent, Meridian (Department).

Exhibits:

Petitioner	None
Department	A. Hearing Summary

ISSUE

Did the Department properly deny Petitioner's prior authorization request for dental implants?

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 Department's Medicaid Health Plan. (Exhibit A; Testimony.)
2. On or about January 5, 2024, the Department received a prior authorization request from Regents of the University of Michigan Dental Center, requesting dental implants for Petitioner. (Exhibit A; Testimony.)

3. On or about January 5, 2024, DentaQuest, on behalf of Department, reviewed the request and determined the service was not a Medicaid covered service. (Exhibit A; Testimony.)

4. On January 7, 2024, the Department sent Petitioner a Notice of Adverse Benefit Determination. The notice indicated the following:

The service is not covered in your dental benefit. The service must be part of your dental benefit for us to pay for it.¹

5. On January 24, 2024, the Petitioner submitted to Department an internal appeal. (Exhibit A.)

6. On February 13, 2024, the Department sent Petitioner a Notice of Internal Appeal Decision. The notice indicated the following:

A set of false teeth (denture) that is fixed (not able to be removed) to the lower arch in your mouth (implant bar D6055), implant supported upper arch denture D6110, and implant/abutment supported fixed denture edentulous lower arch D6115)

Why did we deny your Internal Appeal?

We Denied your internal Appeal for the service/item listed above because:

The request for an implant bar D6055), implant supported upper arch denture D6110, and implant/abutment supported fixed denture edentulous lower arch D6115 was reviewed on the Michigan Department of Health and Human Services, Medicaid Provider Manual, Dental Services, Section 6, Covered Services. This service is not covered under your dental plan. The Request is denied.²

7. On February 26, 2024, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A.)

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

¹ Exhibit A, p 14.

² Exhibit A, p 31.

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 Department 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 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.³

Under the general policy instructions for Medicaid related dental services the MPM sets replacement schedules for denture repair and replacement:

7.6. PROSTHODONTICS (REMOVABLE)

7.6.A. GENERAL INSTRUCTIONS

Complete dentures, immediate complete dentures, and partial dentures are benefits for all beneficiaries.

³ Medicaid Provider Manual, Medicaid Health Plan, January 1, 2024, p 1.

Complete and partial dentures are benefits once per five years per arch when the expected prognosis of the complete or partial dentures is at least five years. Complete and partial dentures do not require PA. Providers must verify with MDHHS that the beneficiary is eligible for a complete or partial denture per the five-year rule prior to rendering service, as described in the Frequency Verification Process section of this chapter. Failure to complete the verification process may result in claim denial.⁴

SECTION 8 – NONCOVERED SERVICES

The following dental services are not covered by Medicaid:

- Orthodontics
- Gold foil restorations, inlay/onlay restorations
- Fixed bridges
- **Dental implants**
- Cosmetic and elective services
- Sports appliances
- Temporomandibular joint (TMJ) services, bite splints
- Services or surgeries that are investigational or experimental in nature
- Dental devices not approved by the FDA⁵

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

Department's witness testified that Petitioner's request was denied as the request was not for a Medicaid covered service, and further, that the documentation provided did not indicate the request as being medically necessary. That is, the documentation did not indicate Petitioner had difficulty eating or was at an increased risk of an adverse health outcome.

Petitioner argued the policy covered dentures, and thus, he should be eligible for them. Petitioner, however, did not provide any policy to show that he was eligible for the dental implants being requested. Furthermore, Petitioner did not provide evidence that his eating was affected or that he was at an increased risk of an adverse health outcome.

Given the above policy and evidence, Petitioner has failed to prove by a preponderance of the evidence that Department erred in denying the request for a dental implant. As indicated above, policy clearly states that dental implants are not a covered benefit.

⁴ MPM, Dental, January 1, 2024, p 25.

⁵ MPM, Dental January 1, 2024, p 30.

Accordingly, Department properly denied Petitioner's request for dental implants.

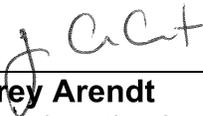
DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that Department properly denied Petitioner's prior authorization request for dental implants.

IT IS THEREFORE ORDERED that:

Department's decision is **AFFIRMED**.

CA/pe



Corey Arendt
Administrative Law Judge
for Elizabeth Hertel, 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

Via Electronic Mail:

Community Health Representative

Katie Feher
Meridian Health Plan of Michigan Inc.
1 Campus Martius, Ste. 700
Detroit, MI 48244
Katie.feher@centene.com

DHHS Department Contact

MDHHS Managed Care Plan Division
400 S. Pine St., 7th Floor
Lansing, MI 48933
MDHHS-MCPD@michigan.gov

Via First Class Mail:

Petitioner

[REDACTED]

[REDACTED] MI [REDACTED]