



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

[REDACTED]  
MI [REDACTED]

Date Mailed: September 12, 2024  
MOAHR Docket No.: 24-009203  
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 upon the Petitioner's request for a hearing.

After due notice, a telephone hearing was held on September 10, 2024. Petitioner appeared and testified on her own behalf. Cassandra Moultrie, Appeals Supervisor, appeared on behalf of Blue Cross Complete, the Respondent Medicaid Health Plan (Department). Dr. Frank Mantiga, Senior Medical Advisor, testified as a witness for Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

### **ISSUE**

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

### **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 enrolled in Medicaid through the Healthy Michigan Plan and authorized for services through Department. (Testimony.)
2. On June 19, 2024, Department received a prior authorization request for periodontal scaling and root planing submitted on Petitioner's behalf by her treating provider. (Exhibit A; Testimony.)

3. On July 2, 2024, the Department denied the prior authorization as they determined there was no noticeable bone loss or hard substance built up on the root of the tooth. (Exhibit A; Testimony.)
4. On July 3, 2024, the Department sent Petitioner a written notice of denial. (Exhibit A; Testimony.)
5. On July 9, 2024, the Department received from Petitioner, an appeal. (Exhibit A; Testimony.)
6. On July 29, 2024, and again on August 5, 2024, the Department requested additional information from Petitioner's treating provider. (Exhibit A; Testimony.)
7. On August 6, 2024, the Department upheld the July 2, 2024, denial and sent Petitioner the appropriate denial notice. (Exhibit A; Testimony.)
8. On August 15, 2024, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A; 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 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.

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.

\* \* \*

The covered services provided to Healthy Michigan Plan enrollees under the contract include all those listed above and the following additional services:

- Additional preventive services required under the Patient Protection and Affordable Care Act as outlined by MDHHS<sup>1</sup>

As allowed by the above policy and its contract with the MDHHS, Department and its dental provider group or vendor have developed prior authorization requirements and utilization management and review criteria.

In particular, with respect to periodontic dental services, Respondent's policy states in part:

#### C. Criteria

1. ...exhibit radiographic evidence of bone loss (2.5mm from CEJ to crest bone) or root surface calculus.<sup>2</sup>

As required by the MPM, Respondent's policies on periodontic dental services are consistent with all applicable published Medicaid coverage and limitation policies:

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<sup>1</sup> MPM, Medicaid Health Plans, July 1, 2024, pp 1-2.

<sup>2</sup> Exhibit A, p 70.

### 7.5.C. PERIODONTAL SCALING AND ROOT PLANING

Periodontal scaling and root planing is a benefit for all beneficiaries every two years per quadrant when the expected prognosis of the teeth is greater than one year. A maximum of two quadrants or two localized areas can be completed on the same day. PA is required. A single PA request may be submitted for up to four quadrants of periodontal scaling and root planing as PA requests are generally approved for 6 to 12 months. The PA request must include both:

- A copy of the beneficiary's clinical record that specifically documents clinical findings that supports the periodontal diagnosis and need for periodontal treatment, including but no limited to:
  - Dental findings and diagnostic information, health history, clinical notes, treatment procedures performed, treatment plans, and patient-related communications.
- A comprehensive periodontal chart completed within 12 months of the PA request that includes six measurements per tooth and all the following, if applicable:
  - Probing depths > 4mm;
  - Bleeding on probing (BOP) and/or gingival inflammation (e.g., color, contour, consistency of the gingiva);
  - Attachment loss as indicated by documenting the free gingival margin progressing apically;
  - Furcation involvement clinically or radiographically;
  - Mobility.<sup>3</sup>

Here, Department's witness testified that Petitioner's prior authorization request for periodontal scaling and root planing was denied pursuant to the above policies. Specifically, the denial was a result of Petitioner not having evidence of bone loss in 4 teeth per quadrant or root surface calculus. The Department's witness went on to indicate Petitioner might be better served to submit a new prior authorization for D4342.

Petitioner argued the presence of bone loss that meets the depth criteria but failed to identify evidence of sufficient bone loss in 4 teeth per quadrant.

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<sup>3</sup> MPM, Dental, July 1, 2024, p 24.

Petitioner bears the burden of proving by a preponderance of the evidence that Department erred in denying her prior authorization request. Moreover, the undersigned Administrative Law Judge is limited to reviewing Department's decision in light of the information available at the time the decision was made.

Given the record and applicable policy in this case, Petitioner has failed to meet her burden of proof; and Department's decision must be affirmed. The above policy is consistent with the limited coverage for periodontal care required by the MPM. Therefore, the Department's decision must be affirmed.

### **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.

**IT IS, THEREFORE, ORDERED** that:

Department's decision is **AFFIRMED**.

CA/pe

  
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**Corey Arendt**  
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:**

**Community Health Representative**

AmeriHealth Caritas  
100 Galleria Officentre  
Southfield, MI 48034  
**Acoltrain@amerihealthcaritasia.com**

**Community Health Representative**

Blue Cross Complete of Michigan  
4000 Town Center, Ste. 300  
Southfield, MI 48075  
**BCCMISFH@mibluecrosscomplete.com**

**DHHS Department Contact**

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

**Via First Class Mail:**

**Petitioner**

[REDACTED]

[REDACTED] MI [REDACTED]