



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

[REDACTED]  
MI [REDACTED]

Date Mailed: December 11, 2024  
MOAHR Docket No.: 24-010616  
Agency No. [REDACTED]  
Petitioner: [REDACTED]  
Respondent: Blue Cross Complete of Michigan

**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 December 9, 2024. Petitioner appeared and testified on her own behalf. Katie Singletary, R.N., Appeals Reviewer, appeared on behalf of Respondent, Blue Cross Complete (Department). Dr. Frank Manteiga, Senior Medical Advisor for Denta Quest, appeared as a witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

**ISSUE**

Did Department properly deny Petitioner's request for dental services?

**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. (Exhibit A).
2. On June 27, 2024, the Department received from Dr. Ali Sobh, DDS, a prior authorization request for a crown on behalf of Petitioner. (Exhibit A; Testimony.)

3. On July 12, 2024, the Department sent Petitioner a notice of denial. The notice indicated the requested crown was being denied and provided the following:

You have a cap on your tooth. Your dentist has asked to put a new cap on the same tooth. The x-rays of your tooth do not show that you have a cavity under the old cap. It is not medically necessary to replace the cap on your tooth. We have told your dentist this also.<sup>1</sup>

4. On July 19, 2024, or July 22, 2024, the Department received from Petitioner a local level appeal. (Exhibit A.)
5. On August 19, 2024, the Department sent Petitioner an denial notice upholding the July 12, 2024, determination. The denial notice provided the following:

Blue Cross Complete denied your appeal because [y]ou are ■■■ years old. You have a dental disorder. You have a cap on your tooth. Your dentist has asked to put a new cap on the same tooth. The x-rays of your tooth do not show that you have a cavity under the old cap. It is not medically necessary to replace the cap on your tooth. Criteria used: BCC Michigan Office Manual DentaQuest Clinical Criteria for Crowns 14.02 pg 44 and Michigan Department of Health and Human Services, Medicaid Provider Manual, Dental Services, 7.3 Restorative Treatment.<sup>2</sup>

6. On September 26, 2024, the Michigan Office of Administrative Hearings and Rules received the request for hearing filed in this matter. (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 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).

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<sup>1</sup> Exhibit A, p 29.

<sup>2</sup> Exhibit A, p 59.

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 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.<sup>3</sup>

Policy the Department Section 14.02 provides:

#### Criteria

- In general, criteria for crowns will be met only for permanent teeth needing multi-surface restorations where other restorative materials have a poor prognosis...<sup>4</sup>

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

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<sup>3</sup> Medicaid Provider Manual, Medicaid Health Plan, July 1, 2024, p 1.

<sup>4</sup> Exhibit A, p 72.

Furthermore, the Department's witnesses testified that Petitioner's request for a crown was denied for failure to meet policy requirements. Specifically, Department's witness indicated the medical documentation provided with the request did not indicate the presence of decay or missing crown to support the need for a replacement.

Petitioner testified that since the time of the denial, her tooth has started causing her pain and she believes a cavity now exists.

Given the above policy and evidence, Petitioner has failed to prove by a preponderance of the evidence that Department erred in denying the prior authorization request for a crown. As indicated above, policy clearly states that in order for a crown to be approved, there needs to be the presence of decay or missing crown to support the replacement. As such, Department properly denied Petitioner's request. While the undersigned can certainly sympathize with the Petitioner's situation, the undersigned has no authority to ignore clear policy and no equitable powers to grant Petitioner any relief.

### **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:**

**Respondent**

Blue Cross Complete of Michigan  
4000 Town Center, Ste 300  
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**Agency Representative**

Emily Piggott  
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222 N. Washington Square, Ste 100  
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**DHHS Department Contact**

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**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED] MI [REDACTED]