



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR



Date Mailed: November 6, 2024
MOAHR Docket No.: 24-011478
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 hearing was held on October 31, 2024. Petitioner appeared and testified on her own behalf. Jennifer Murphy, Nurse and Clinical Appeal Reviewer, appeared and testified on behalf of Respondent, Blue Cross Complete, the Medicaid Health Plan, and its contractor DentaQuest. (Respondent or MHP). Dr. Michael Sofianos, Dental Consultant, appeared as a witness for Respondent.

ISSUE

Did the Respondent properly deny Petitioner's prior authorization (PA) request for a crown for tooth #3?

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 B; Testimony.)
2. On June 25, 2024, Respondent received a Request for Prior Authorization (PA) from Petitioner's dentist for a crown for tooth #3. (Exhibit E; Testimony.)
3. On July 10, 2024, Respondent sent Petitioner and her dentist a Notice of Adverse Benefit Determination indicating that the request for a crown for tooth #3 was denied because the information with the PA did not show that the request met clinical criteria for coverage. (Exhibits D, F; Testimony.) Specifically, the Notice indicated:

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. Please talk to your dentist. (Exhibit F.)

4. On July 25, 2024, Petitioner requested an internal appeal. (Exhibit G; Testimony.)
5. On August 19, 2024, Respondent sent Petitioner a Notice of Internal Appeal Decision – Denial, which upheld the denial. (Exhibit J; Testimony.) Specifically, the Denial indicated:

Your appeal is denied. Blue Cross Complete denied your appeal because: You 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. (*Id.*)

6. On October 18, 2024, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit 1)

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).

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.

*Medicaid Provider Manual
Medicaid Health Plan Chapter
April 1, 2024, p 1
Emphasis added*

With regard to Dental services, the MPM provides, in relevant part:

SECTION 7 – COVERED SERVICES

This section provides information on Medicaid covered services and is divided into subsections that correspond to the categories of services in the CDT published by the ADA:

- Diagnostic Services
- Preventive Services
- Restorative Treatment
- Endodontics
- Periodontics

- Prosthodontics (Removable)
- Oral Surgery
- Adjunctive General Services

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 FDA

*Medicaid Provider Manual
Dental Chapter
April 1, 2024, pp 12, 30*

With regard to a crown for tooth #3, the MHP's criteria indicates:

14.02 Criteria for Cast Crowns

Documentation needed for authorization of procedure:

- Appropriate radiographs clearly showing the adjacent and opposing teeth should be submitted for authorization review: bitewings, periapicals or panorex.
- Treatment rendered without necessary authorization will still require that sufficient and appropriate radiographs clearly showing the

adjacent and opposing teeth be submitted with the claim for review for payment.

Criteria

- In general, criteria for crowns will be met only for permanent teeth needing multisurface restorations where other restorative materials have a poor prognosis.
- Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma, and should involve four or more surfaces and two or more cusps.
- Permanent bicuspid teeth must have pathologic destruction to the tooth by caries or trauma, and should involve three or more surfaces and at least one cusp.
- Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma, and must involve four or more surfaces and at least 50% of the incisal edge.

A request for a crown following root canal therapy must meet the following criteria:

- Request should include a dated post-endodontic radiograph.
- Tooth should be filled sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex.
- The filling must be properly condensed/obtured. Filling material does not extend excessively beyond the apex.

To meet criteria, a crown must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture.

- The patient must be free from active and advanced periodontal disease.
- The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent anterior teeth.
- Cast Crowns on permanent teeth are expected to last, at a minimum, five years.

Authorizations for Crowns will not meet criteria if:

- A lesser means of restoration is possible.
- Tooth has subosseous and/or furcation caries.
- Tooth has advanced periodontal disease.
- Tooth is a primary tooth.
- Crowns are being planned to alter vertical dimension.
- An existing crown is present with an open margin without decay.
- An existing crown is present with chipped or fractured porcelain without decay.

(Exhibit K.)

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

Respondent's witness testified that Petitioner's request for a crown for tooth #3 was denied for failure to meet policy requirements. Specifically, Respondent's witness indicated that records received with the request did not show a cavity under the old crown, hence it was not medically necessary to replace the crown on tooth #3. Respondent's witness indicated that based on the photos, it looked like there were some fillings near the base of the tooth and since the denial, one of those fillings had come loose. Respondent's witness noted that the fillings were on the root and did not affect the crown at the time of the review. Respondent's witness testified that now, since one of the fillings on the root has come loose, it is unlikely that the tooth can even be saved. Respondent's witness indicated that Petitioner should speak to her dentist about this, but it was likely the tooth would have to be extracted.

Petitioner indicated that tooth #3 had a small cavity at the end of April and she saw her dentist on May 5, 2024. Petitioner testified that she came back the next week, and the dentist did some work on two teeth on the left side but informed her that the PA for tooth #3 was not approved. Petitioner testified that the dentist sent in the request again with photos since the x-rays did not show the cavity. Petitioner indicated that her dentist thinks he can save the tooth, and she does not want to have it extracted because it's the anchor tooth for her partial denture. Petitioner testified that it has become very painful, and she cannot really chew on that side of her mouth. Petitioner also noted that she had shoulder replacement surgery in December 2023, so it is very important that she not get an infection as that could affect the shoulder.

Given the above policy and evidence, Petitioner has failed to prove by a preponderance of the evidence that Respondent erred in denying the prior authorization request for a crown for tooth #3. As indicated above, in order to receive a crown, the above criteria must be met. Here, for tooth #3, there was not significant breakdown of the tooth to meet the criteria for a crown. The information sent in with Petitioner's request showed that there were fillings at the root of the tooth and that one of those fillings has now come lose. However, there is no evidence that there is a cavity under the crown effecting the current crown. Further, Respondent's dentist indicated that it is unlikely with the breakdown near the gum line and the root that the tooth can be saved. As such, Respondent properly denied Petitioner's request. While the undersigned can certainly sympathize with Petitioner's situation, the undersigned has no authority to ignore clear policy and no equitable powers to grant Petitioner any relief. *Huron Behavioral Health v Department of Community Health*, 293 Mich App 491 (2011).

Accordingly, Respondent properly denied Petitioner's request for a crown for tooth #3.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that Respondent properly denied Petitioner's prior authorization request for a crown for tooth #3.

IT IS THEREFORE ORDERED that:

Respondent's decision is **AFFIRMED**.



RM/pe

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 and
First Class Mail:**

Petitioner

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

Via Electronic Mail:

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