Michigan Office of Administrative Hearings and Rules
P.O. BOX 30763
LANSING, MI 48909

Date Mailed: February 24, 2025
Docket No.: 25-001330
Case No.: [redacted]
Petitioner: [redacted]

[redacted]
MI [redacted]

This is an important legal document. Please have someone translate the document.
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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।
Este es un documento legal importante. Por favor, que alguien traduzca el documento.
这是一份重要的法律文件。请让别人翻译文件。
Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

DECISION AND ORDER

This matter is before the Michigan Office of Administrative Hearings and Rules (MOAHR) and the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and upon a request for hearing filed by Petitioner [redacted] (Petitioner).

After due notice, a telephone hearing was held on February 19, 2025. Petitioner appeared and testified on his own behalf. Assistant General Counsel Austin Fassett appeared and testified on behalf of Respondent Delta Dental of Michigan, Inc. (Respondent).

During the hearing, Petitioner's request for hearing was admitted into the record without objection as Exhibit #1, pages 1-4. Respondent also submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-43.

ISSUE

Did Respondent properly deny Petitioner's request for full mouth dental x-rays?

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 [redacted]) year-old Medicaid beneficiary who is enrolled with Respondent through the Healthy Michigan Plan. (Exhibit A, page 8; Testimony of Respondent's representative).

2. In either 2021 or 2022, Petitioner received full mouth dental x-rays through his Medicaid Health Plan at the time. (Exhibit A, page 8; Testimony of Petitioner).

3. On November 25, 2024, a dental provider submitted a claim to Respondent for full mouth dental x-rays performed on November 25, 2024. (Exhibit A, pages 1-3).

4. On November 26, 2024, Respondent sent Petitioner written notice that his request for x-rays had been denied. (Exhibit A, pages 4-6).

5. With respect to the reason for the denial, the notice stated that full mouth x-rays can only be paid for once every five years. (Exhibit A, page 4).

6. On December 9, 2024, Petitioner filed an Internal Appeal with Respondent with respect to that denial. (Exhibit A, page 10).

7. On December 12, 2024, Respondent sent Petitioner written notice that it had reviewed his Internal Appeal, and the original denial was being upheld. (Exhibit A, pages 10-17).

8. With respect to the reason for the denial, the notice stated in part:

> Your appeal was reviewed by an Appeals and Grievance Research Specialist at Delta Dental. Healthy Michigan Plan covers panoramic X-rays 1 time every 5 years. All dental benefit plans have limitations. These are created when the plan is made. Delta Dental cannot change those limitations. A dentist may suggest treatment for a patient that is not covered under the patient's dental plan. The fact that a service is not covered should not stop you from having the service if you believe it has value to you. Page 4 of your Healthy Michigan Plan Dental Handbook lists all of the covered services . . .
>
> *Exhibit N, page 10*

9. On January 7, 2025, MOAHR received the request for hearing filed by Petitioner in this matter with respect to that decision. (Exhibit #1, pages 1-4).

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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 (MHPs).

Respondent is a dental provider or vendor contracted with a MHP and, as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to a 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 review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.

1.1 SERVICES COVERED BY MEDICAID HEALTH PLANS (MHPS)

The following services must be covered by MHPs:

* * *

- Dental services for adults

* * *

2.2 DENTAL SERVICES

Adult beneficiaries enrolled in a health plan will receive their dental coverage through their health plan. Each health plan contracts with a dental provider group or vendor to provide dental services administered according to the contract. The contract is between the health plan and the dental provider group or vendor, and beneficiaries must receive services from a participating provider to be covered. Questions regarding eligibility, prior authorization or the provider network should be directed to the beneficiary's health plan. It is important to verify eligibility at every appointment before providing dental services. Dental services provided to an ineligible beneficiary will not be reimbursed. For those beneficiaries who are not enrolled in a health plan, dental services will be provided by enrolled dental providers through the Medicaid FFS program. For dental program coverage policy, refer to the Dental Chapter of this manual. The Dental Chapter also contains information on the Healthy Kids Dental benefit, as applicable.

MPM, April 1, 2024 version
Medicaid Health Plan Chapter, pages 1-2, 5
(Underline added for emphasis)

As allowed by the above policy and its contract with the Department, the Respondent has chosen to use its own prior authorization requirements, utilization management, and review criteria.

In part, Respondent's Medicaid Dental Handbook states:

Covered services include:

- **Oral exams** (1 in 6 months)
- **Comprehensive Periodontal Evaluation** (1 in 12 months)

Note: comprehensive periodontal evaluation is not a covered benefit when billed in conjunction with, or within six months of other oral exams

• **Assessment** (1 in 6 months)

• **X-rays**

  • **Bitewing X-rays** (1 in 12 months)

  • **Full mouth or panoramic X-rays** (1 in 5 years)

• **Teeth cleaning (prophylaxis)** (1 in 6 months)

• **Scaling in the Presence of Inflammation** (1 in 6 months) . . .

Exhibit A, page 24

The policies in Respondent's handbook are also consistent with the provisions of the Department's MPM:

7.1.D. RADIOGRAPHS

The policy applies to all radiographs and radiographic procedures, both digital and traditional film, unless otherwise stated.

Radiographs are benefits for all beneficiaries and are limited to the number medically necessary to make a diagnosis (other limitations apply to radiographs - see below). The provider must maintain documentation in the beneficiary's file stating the reason the radiographs were necessary, the diagnosis/radiographic findings, treatment plan, and referral if appropriate.

7.1.D.1. BITEWINGS

Bitewing radiographs are a covered benefit only once every 12 months for all beneficiaries.

7.1.D.2. OCCLUSAL RADIOGRAPHS

An occlusal radiograph is a covered benefit for beneficiaries under age 21 once every three years per arch.

7.1.D.3. PANORAMIC RADIOGRAPHS

A panoramic radiograph is a covered benefit once every five years for all beneficiaries ages five years and older.

7.1.D.4. FULL MOUTH/COMPLETE SERIES

A full mouth/complete series is a covered benefit once every five years for all beneficiaries ages five years and older.

A full mouth/complete series consists of:

- A minimum of 10 periapical radiographs in conjunction with a minimum of two bitewing radiographs; or

- An intraoral/extraoral combination of a panoramic radiograph in conjunction with a minimum of two bitewing radiographs.

The maximum reimbursement for any combination of radiographs will not exceed the established fee for a full mouth/complete series. Any combination of 10 or more intraoral radiographs will be considered a full mouth/complete series.

MPM, October 1, 2024 version
Dental Chapter, page 15

Here, Respondent found that Petitioner's request for full mouth dental x-rays should be denied pursuant to the above policies.

In appealing that decision, Petitioner has the burden of proving by a preponderance of the evidence that Respondent erred. Moreover, the undersigned Administrative Law Judge is limited to reviewing Respondent's decision in light of the information that was available at the time the decision was made.

Given the above policy and evidence in this case, Petitioner has failed to satisfy his burden of proof, and Respondent's decision must be affirmed.

As clearly provided in the criteria outlined in Respondent's Handbook, criteria which Respondent is permitted to develop and that is consistent with Medicaid policy, full mouth, or panoramic x-rays are covered once every five years.

Moreover, while the date Petitioner last received full mouth x-rays is disputed, it is undisputed that he received them within the five years preceding the current request.

Additionally, while Petitioner testified that he was given another notice after this case stating that bitewings are covered once every 12 months, his testimony is irrelevant to a denial of

full mouth x-rays and any new denial of a another request beyond the scope of this proceeding.

To the extent Petitioner has additional or updated information to provide, or he wants to clarify what is being requested, then Petitioner can always request services again in the future along with that information. With respect to the decision at issue in this case however, Respondent's decision must be affirmed given the available information and applicable policies.

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 request for full mouth dental x-rays.

IT IS, THEREFORE, ORDERED that:

Respondent's decision is **AFFIRMED**.

SK/sj

Steven Kibit

Steven Kibit
Administrative Law Judge

NOTICE OF APPEAL: Petitioner 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

PROOF OF SERVICE

I certify that I served a copy of the foregoing document upon all parties, to their last known addresses in the manner specified below, this 24th day of February 2025.

S. James
Michigan Office of Administrative Hearings and Rules

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