

## ISSUE

Did the Department properly deny Petitioner's request for extraction of four impacted teeth?

## 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 an enrollee in the Healthy Kids Dental (HKD) Program. (Exhibit A, p 11; Testimony).
2. On November 21, 2024, Petitioner's dental provider submitted a request for Pre-treatment Estimate on Petitioner's behalf to Respondent regarding the proposed extraction of Petitioner's four impacted teeth, with accompanying sedation. (Exhibit A, p 7, 23; Testimony).
3. On November 24, 2024, Respondent sent Petitioner and her Dentist a Notice of Adverse Benefit Determination stating in part:

We have denied all or part of your request. These services have been denied:

- D7240 extraction of impacted tooth covered by bone for teeth 1, 16, 17 and 32
- D9230 relaxation gas

We have made this decision because:

To approve this service you must have severe pain in your tooth (severe pain is when you have a level of pain that is more than the level of pain expected when your tooth is coming through the gums), or your gums or bone around the tooth are diseased. Our dentist looked at the x-ray and the information from your dentist. It does not appear that you have these problems with your tooth. We have told your dentist this. Please speak to your dentist about your treatment choices.

This denial reason applies to this service:

- D7240 extraction of impacted tooth covered by bone, Tooth 1
- D7240 extraction of impacted tooth covered by bone, Tooth 16

- D7240 extraction of impacted tooth covered by bone, Tooth 17
- D7240 extraction of impacted tooth covered by bone, Tooth 32

Your dentist asked to give you a drug to help you relax while you get a service. We can only approve the drug if the service to be done is approved. The service was not approved. So the drug to help you relax cannot be approved..

(Exhibit A, pp 9-22; Testimony).

4. Petitioner then filed an Internal Appeal with Respondent. (Exhibit A, p 31; Testimony).
5. On January 7, 2025, Respondent sent Petitioner and her Dentist a Notice of Internal Appeal Decision – Denial stating that her Internal Appeal had been denied for the same reasons stated initially. (Exhibit A, pp 29-44; Testimony).
6. On January 21, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner’s request for hearing. (Exhibit 1).

### **CONCLUSIONS OF LAW**

The Medical Assistance Program was 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 statutes, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Medicaid covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM) and, with respect to the requirement to dental services, the applicable version of the MPM states in part:

#### **SECTION 1 – GENERAL INFORMATION**

This chapter applies to dental providers and dental clinics.

Throughout this chapter, the term Medicaid refers to all programs administered by Michigan Department of Health and Human Services (MDHHS), including Healthy Michigan Plan (HMP), **Healthy Kids Dental** (HKD), MICHild, and other programs, unless specifically stated otherwise. The primary objective of Medicaid is to ensure that essential health care services are made available to those individuals who would not otherwise have the financial resources to purchase them.

Policies are aimed at maximizing medically necessary health care services available to eligible Medicaid beneficiaries.

Dental services may be provided by Medicaid-enrolled providers when performed by properly credentialed/licensed professionals acting within their scope of practice as defined in State law, including any applicable supervision requirements. Dental services that may be provided to Medicaid beneficiaries include emergency, diagnostic, preventive, and therapeutic services for dental disease which, if left untreated, would become acute dental problems or cause irreversible damage to teeth or supportive structures. Determination of medical necessity and appropriateness of services is the responsibility of the dental provider within the scope of current accepted dental practice and the limitations of Medicaid policy.

\* \* \*

#### **1.1.D. HEALTHY KIDS DENTAL BENEFIT**

MDHHS contracts with dental health plans (DHPs) for the administration of dental services for HKD beneficiaries. Providers must contact the DHP for specific information about covered HKD benefits. (Refer to the **Healthy Kids Dental** section of this chapter for additional program information.)

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### **SECTION 3 – PRIOR AUTHORIZATION**

Prior authorization (PA) is required for services identified in this chapter and the Medicaid Code and Rate Reference tool. For questions about medically necessary dental services beyond those described in this chapter, providers should contact the MDHHS Program Review Division (PRD). (Refer to the Directory Appendix for website and contact information.)

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### **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

Providers must use the current CDT procedure codes when completing both the claim form and MSA-1680-B. Resources are available to assist the provider in determining coverage and coding of specific services, including the Medicaid Code and Rate Reference tool via the external link in CHAMPS and the MDHHS Dental Fee Schedule located on the MDHHS website. (Refer to the Additional Code/Coverage Resource Materials subsection of the General Information for Providers chapter of this manual for additional information on code/coverage parameters and the Directory Appendix for website information. Billing information can be found in the Billing & Reimbursement for Dental Providers chapter of this manual.)

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## **7.7 ORAL SURGERY**

Oral surgical procedures are benefits for all beneficiaries. Detailed operative notes or narrative describing the surgical procedure must be retained in the beneficiary's dental record for all surgical procedures, including surgical extractions. Reimbursement for operative or surgical procedures includes local anesthesia, analgesia, and routine postoperative care. Surgical procedures involving the jaw or facial bones are considered a medical benefit, not a dental benefit. (Refer to the Practitioner chapter of this manual for additional information.)

The extraction of teeth for prophylactic or orthodontic

purposes is not a covered benefit. Dental providers providing enhanced dental services to CSHCS program beneficiaries should refer to the Children's Special Health Care Services Dental Benefits section of this chapter. (Refer to the Additional Code/Coverage Resource Materials subsection of the General Information for Providers chapter of this manual for additional information regarding coverage parameters.)

### **7.7.A. EXTRACTIONS**

Extractions are covered for Medicaid beneficiaries of all ages. The extraction procedure code submitted for reimbursement must follow the CDT guidelines and is not based on the amount of time required, the difficulty of the extraction, or any special circumstances.

A simple extraction of an erupted tooth includes elevation and/or forceps removal. It includes minor contouring of the bone and closure if needed. An extraction is not a covered benefit if exfoliation is imminent.

A surgical extraction requires the removal of bone and/or sectioning of a tooth and may require the elevation of the mucoperiosteal flap. Minor contouring of the bone and closure of the tissue is included. Multiple extractions in the same quadrant for preparation of complete dentures are not considered surgical extractions unless guidelines for surgical extractions are met. The extraction of an impacted tooth is not covered for prophylactic removal of an asymptomatic tooth that does not exhibit pathology.

*MPM, October 1, 2024 version  
Dental Chapter, pages 1, 3, 5, 12, 27-28*

Here, as discussed above, the Department denied a request for the extraction of four impacted teeth, with accompanying deep sedation, pursuant to the above policies and on the basis that the requested extraction of impacted teeth without pain or infection beyond normal eruption is not covered.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of evidence that Respondent erred in denying the prior authorization request.

Petitioner's mother testified that Petitioner started complaining about these teeth hurting last year so she took her to the dentist. Petitioner's mother indicated that the dentist told her that the four teeth needed to be removed and they were sent to an oral surgeon. The oral surgeon requested preauthorization, which was denied, and led to this appeal.

Petitioner's mother testified that Petitioner is in intense pain, has problems chewing, and has lost 10 pounds. Petitioner's mother indicated that Petitioner has missed school due to the pain.

The hearing was then adjourned so that Petitioner's mother could attempt to obtain documentation supporting the pain Petitioner was in. When the hearing commenced again on April 9, 2025, Petitioner presented this evidence, which included medical records showing that Petitioner has sought treatment from her primary care physician for "excruciating dental pain/jaw pain chronically worse with chewing . . ." (Exhibit 2, p 2.)

As indicated, no one appeared on Respondent's behalf at the April 9, 2025, hearing.

Given the record and applicable policies in this case, Petitioner has proven, by a preponderance of the evidence, that the Department erred in denying her request. As such, the Department's decision must be reversed.

As provided in the above policies, the extraction of impacted teeth is not covered through Medicaid without evidence of pain or infection beyond normal eruption. Here, Petitioner has presented sufficient evidence of chronic pain beyond normal eruption, including a doctor's note documenting the pain and weight loss. Petitioner's mother also testified credibly that Petitioner has missed school because of the pain, cries because of the pain, and cannot chew anything. Based on these uncontested facts, Petitioner has met her burden of proof.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that Respondent improperly denied Petitioner's request for extraction of four impacted teeth.

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

Respondent's decision is **REVERSED**.

Respondent shall certify within 10 days of receipt of this Order that it has approved the requested extractions.