



Date Mailed: March 13, 2025

Docket No.: 25-006650

Case No.:

Petitioner:



This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

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 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 March 12, 2025. [REDACTED] Petitioner, appeared and testified on her own behalf. Katie Singletary, RN, 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. Janelle Stewart, Dental Consultant, DentaQuest, appeared as a witness for Respondent.

### **ISSUE**

Did the Respondent properly deny Petitioner's prior authorization (PA) request for a crown for tooth #2?

### **EXHIBITS**

Respondent's Exhibit A, pp 1-98

Petitioner's Exhibit 1, pp 1-3

Petitioner's Exhibit 2, pp 1-2

### **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 A; Testimony.)
2. On December 19, 2024, Respondent received a Request for Prior Authorization (PA) from Petitioner's dentist for a crown for tooth #2. (Exhibit A, pp 12-13; Testimony.)
3. On December 25, 2024, Respondent sent Petitioner and her dentist a Notice of Adverse Benefit Determination indicating that the request for a crown for tooth #2 was denied because the information with the PA did not show that the request met clinical criteria for coverage. (Exhibit A, pp 26-35; Testimony.) Specifically, the Notice indicated:

Your tooth must have a lot of tooth missing from a cavity; or have a lot of damage from being broken and it can no longer be fixed with a filling. For front teeth: half of the biting part of the tooth needs to be missing. For the back teeth in front of your molars: you need to have damage on three sides of the tooth and one of the biting part of the tooth. For the back molars: you need to have damage on four sides of the tooth and two of the biting part of the tooth. The x-rays your dentist sent show your tooth does not have the damage needed for a crown to be needed to fix your tooth. (Exhibit A, p 26.)

4. On January 3, 2025, Petitioner requested an internal appeal. (Exhibit A, p 37; Testimony.)
5. On January 7, 2025, Respondent sent Petitioner a Notice of Internal Appeal Decision – Denial, which upheld the denial. (Exhibit A, pp 86-98; Testimony.) Specifically, the Denial indicated:

**Your appeal is denied.** The denial of the request for dental service (D2950 core build up) for tooth (#2) is upheld. You are ■ years old. You have a dental disorder. The tooth does not appear to have significant breakdown due to decay or trauma. This service is covered if you damage to the back teeth (molars) on all four sides and 2 or more biting edges. Records sent did not show this. The denial is upheld. The denial of the request for dental service (D2750 crown) for tooth (#2) is upheld. This service code is not covered for this tooth in your benefit package plan. The denial is upheld. (Exhibit A, p 86; Testimony.)

6. On February 18, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit 1)

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## 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 he 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  
October 1, 2024, p 1  
Emphasis added*

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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

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### **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  
October 1, 2024, pp 12, 30*

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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/obturated. 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.

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- 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 #2 was denied for failure to meet policy requirements. Specifically, Respondent's witness indicated that records received with the request did not show "pathologic destruction to the tooth by caries or trauma, and should involve four or more surfaces and two or more cusps," as required by policy.

Petitioner indicated that she has always had lots of cavities. Petitioner testified that when a dentist looked at her molars years ago, which had large metal fillings, he suggested that they be replaced with inlays. Petitioner indicated that the fillings were replaced with inlays many years ago, but that inlays only last about 15 years and when they start to fail, you can get decay underneath. Petitioner testified that her concern is that if she waits too long to get a crown on this tooth, she will end up having to get a root canal or a post. Petitioner indicated that there is sensitivity in the tooth already, so she knows there is already decay underneath the inlay.

Petitioner submitted a letter from her dentist, which provides:

██████████ is a patient at Healthy Smile Family Dentistry. She presented with multiple ceramic inlays with recurrent caries the tooth in question is tooth #2. It has a very wide bucco lingual inlay which has recurrent caries on the MB corner of the tooth. If left untreated the caries will spread under the inlay. I highly recommend a full coverage crown for tooth #2, considering the size of the inlay and taking into account the caries a composite restoration would not be the ideal choice. (Exhibit 2.)

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 #2. As indicated above, in order to receive a crown, the above criteria must be met. Here, for tooth #2, there was not “pathologic destruction to the tooth by caries or trauma, and should involve four or more surfaces and two or more cusps,” which is required by policy. Even the letter from Petitioner’s dentist only indicates damage to one cusp. Unfortunately, until the tooth decays further, Medicaid will not cover the crown.

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).

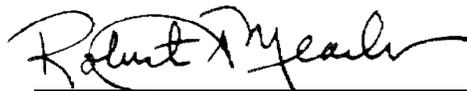
Accordingly, Respondent properly denied Petitioner’s request for a crown for tooth #2.

**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 #2.

**IT IS THEREFORE ORDERED** that:

Respondent’s decision is **AFFIRMED**.



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**ROBERT J. MEADE**  
**ADMINISTRATIVE LAW JUDGE**

RM/sj

**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 emailed, mailed or faxed to MOAHR. If submitted by email, the written request must be sent to LARA-MOAHR-DCH@michigan.gov. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

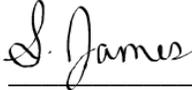
If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30763  
Lansing, Michigan 48909-8139

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**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 13<sup>th</sup> day of March 2025.



\_\_\_\_\_  
S. James  
**Michigan Office of Administrative  
Hearings and Rules**

**Via Electronic Mail:**

**Community Health Representative**  
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100 GALLERIA OFFICENTRE  
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MDHHS-MANAGED CARE PLAN DIVISION  
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**Via First Class Mail:**

**Petitioner**  
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