



Date Mailed: April 23, 2025

Docket No.: 25-009843

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।

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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 April 16, 2025. Petitioner appeared and testified on her own behalf. Katie Feher, Senior Manager, Denials & Appeals, appeared and testified on behalf of Respondent, Meridian, the Medicaid Health Plan, and its contractor Delta Dental. (Respondent or MHP). Dr. Traci Dantzler, Director of Utilization Management, Delta Dental, appeared as a witness for Respondent. Austin Fassett, Assistant General Counsel, Delta Dental, appeared as an observer.

### **ISSUE**

Did the Respondent properly deny Petitioner's prior authorization (PA) request for a crown for tooth #19?

### **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.)

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2. On January 31, 2025, Respondent received a Request for Prior Authorization (PA) from Petitioner's dentist for a crown for tooth #19. (Exhibit A, pp 19-21; Testimony.)
  3. On February 12, 2025, Respondent sent Petitioner and her dentist a Notice of Adverse Benefit Determination indicating that the request for a crown for tooth #19 was denied because the information with the PA did not show that the request met clinical criteria for coverage. (Exhibit A, pp 15-17; Testimony.)
  4. On February 13, 2025, Petitioner requested an internal appeal. (Exhibit A, p 3; Testimony.)
  5. On February 28, 2025, Respondent sent Petitioner a Notice of Internal Appeal Decision – Denial, which upheld the denial. (Exhibit A, pp 22-32; Testimony.) Specifically, the Denial indicated:

### **Your Internal Appeal was denied**

Your Internal Appeal was thoroughly considered. This is to inform you that we denied your Internal Appeal for the service/item listed below:

A tooth-shaped cap to fit over a natural tooth to restore shape, size, strength, and appearance (Crown-Porcelain/ceramic on tooth #19; 1 unit of code D2740).

### **Why did we deny your Internal Appeal?**

We denied your Internal Appeal for the service/item listed above because:

Your appeal says you need this service because your dentist told you need a crown or your tooth would break. Your x-ray of your tooth was reviewed. Per the Delta Dental of Michigan Clinical Criteria for Restorative Services, the notes must show the following medical need:

-A crown is needed for extensive tooth loss from decay or fracture. (Tooth #19)

The notes did not show this. Therefore, the request remains denied.

Your appeal was reviewed by a consultant. The reviewer is a DDS who is board certified in Dentistry. (*Id.*)

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6. On March 17, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit A, pp 1-7)

### **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  
January 1, 2025, 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

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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

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- 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  
January 1, 2025, pp 12, 30*

With regard to a crown for tooth #19, the MHP's criteria indicates:

**Single Crown Restorations:** For a tooth to be eligible for single crown benefit payment, the tooth must have either (1) extensive loss of coronal structure due to caries or fracture where a more conservative restoration is not the appropriate treatment or (2) a failing crown restoration that requires replacement. Examples of extensive loss of coronal structure include:

An anterior tooth with loss of coronal tooth structure due to initial caries, recurrent caries, restoration failure or fracture involving four or more surfaces and one-third or more of the incisal edge lost

A posterior tooth with loss of coronal tooth structure due to initial caries, recurrent caries, restoration failure or fracture involving three or more surfaces and one or more cusps lost A tooth with successful prior endodontic treatment and an endodontic access opening that has removed an extensive amount of tooth structure such that a crown is required to support the remaining tooth structure

(Exhibit A, p 33.)

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 #19 was denied for failure to meet policy requirements. Specifically, Respondent's witness indicated that records received with the request did not show extensive tooth loss per caries or fractures, as required by policy.

Petitioner indicated that the majority of tooth #19 already has a large filling due to a prior cavity. Petitioner indicated that the tooth is causing her pain and she cannot floss or eat on that side of her mouth. Petitioner testified that the dentist had recommended a crown because Petitioner now has another cavity on the same tooth and the dentist was concerned that if they tried to fill the cavity, the tooth would break, due to the previous filling. Petitioner indicated that she has always had sensitive and cavity prone teeth.

In response, Respondent's witness indicated that while there is a restoration (filling) on the tooth now, it is only moderate in size. Respondent's witness indicated that while the new decay (cavity) is visible, Petitioner's dentist should be able to fix that cavity without damaging the tooth.

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 #19. As indicated above, in order to receive a crown, the above criteria must be met. Here, the information provided did not show "extensive loss of coronal structure due to caries or fracture where a more conservative restoration is not the appropriate treatment", as required by policy. The information sent does show a prior filling and some new decay, but Respondent's dentist opined that this new cavity could be fixed without damaging the tooth. 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 #19.

### **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 #19.

**IT IS THEREFORE ORDERED** that:

Respondent's decision is **AFFIRMED**.



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

RM/sj

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**APPEAL RIGHTS:** Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at [courts.michigan.gov](http://courts.michigan.gov). The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to [LARA-MOAHR-DCH@michigan.gov](mailto:LARA-MOAHR-DCH@michigan.gov), **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to  
Michigan Office of Administrative Hearings and Rules  
Rehearing/Reconsideration Request  
P.O. Box 30639  
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

**Via Electronic Mail:**

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