

ISSUE

Did the Department properly deny Petitioner's request for a crown?

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 enrollee in the Healthy Kids Dental (HKD) Program. (Exhibit A; Testimony).
2. On February 18, 2025, Petitioner's dental provider submitted a request for Pre-treatment Estimate on Petitioner's behalf to Respondent regarding a cored buildup and corresponding crown. (Exhibit A; Testimony).
3. On February 28, 2025, Respondent sent Petitioner and Petitioner's treating provider a prior authorization denial denying the request for a cored buildup and corresponding crown. The notice indicated the requested services were not supported by the documentation provided; core buildups and crowns are only a benefit when a tooth has excessive breakdown due to caries and/or fractures; the procedure does not meet medical necessity. (Exhibit A; Testimony).
4. On March 12, 2025, Respondent received from Petitioner, an internal appeal. (Exhibit A).
5. On April 3, 2025, Respondent provided Petitioner with a Notice of Internal Appeal Denial. The notice provided the following:

Your appeal was reviewed by a Licensed Dentists Peer Reviewer, DDS, General Dentist and an Appeals and Grievance Research Specialist. Healthy Kids Dental covers core buildups and crowns when medically necessary. Your dental records were reviewed. It was determined the core buildup and crown are not medically necessary. All dental benefit plans have limitations. They are created when the plan is made. Delta Dental cannot change those limitations. The limitations that applies to this claim is noted in Healthy Kids Provider Manual. It says on page 54:

Crowns: For a tooth to be eligible for crown benefits, there must be preoperative evidence of extensive loss of tooth structure due to caries and/or fracture. Examples of extensive loss would include:

- An anterior tooth with loss of tooth structure due to initial

caries, recurrent caries, restoration failure and/or tooth/restoration fracture with structure loss involving four or more surfaces and one-third or more of the incisal edge lost. Esthetic crowns (porcelain, ceramic and porcelain fused to metal) submitted for permanent molars will be paid at a lesser crown rate

- A posterior tooth with loss of tooth structure due to initial caries, recurrent caries, restoration failure and/or tooth/restoration fracture involving three or more surfaces and one or more cusps lost. Coverage is limited to full metal crowns on permanent molars
- 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.

Charges for crowns that have poor marginal fit and/or an open contact are not collectable from a Delta Dental HKD patient by a participating dentist.

Core buildups: For a tooth to be eligible for core buildup benefits, there must be preoperative evidence of a large area of a tooth structure missing, such that without placement of the core material there would be insufficient vertical height in the prepared tooth to provide adequate resistance to displacement and retention of an extra-coronally retained crown. Examples of a large area of tooth structure loss includes loss of at least one complete cusp in a posterior tooth.¹

6. On May 1, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received the request for hearing filed in this matter regarding that denial. (Hearing File).

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.

¹ Exhibit A, pp 42-43.

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.²

* * *

10.2 COVERED SERVICES

The HKD benefit plan covers, at a minimum, all codes listed on the MDHHS Dental Fee Schedule. DHPs must provide the full range of Medicaid covered dental services to beneficiaries but are permitted to develop PA requirements and utilization management review criteria that differ from Medicaid. Questions about

² Medicaid Provider Manual, Dental, January 1, 2025, p 1.

covered HKD benefits should be directed to the beneficiary's DHP.³

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Additionally, consistent with the MPM, the HKD Handbook also provides in part:

Crowns: For a tooth to be eligible for crown benefits, there must be preoperative evidence of extensive loss of tooth structure due to caries and/or fracture. Examples of extensive loss would include:

- An anterior tooth with loss of tooth structure due to initial caries, recurrent caries, restoration failure and/or tooth/restoration fracture with structure loss involving four or more surfaces and one-third or more of the incisal edge lost. Esthetic crowns (porcelain, ceramic and porcelain fused to metal) submitted for permanent molars will be paid at a lesser crown rate
- A posterior tooth with loss of tooth structure due to initial caries, recurrent caries, restoration failure and/or tooth/restoration fracture involving three or more surfaces and one or more cusps lost. Coverage is limited to full metal crowns on permanent molars
- 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.

Charges for crowns that have poor marginal fit and/or an open contact are not collectable from a Delta Dental HKD patient by a participating dentist.

Core buildups: For a tooth to be eligible for core buildup benefits, there must be preoperative evidence of a large area of a tooth structure missing, such that without placement of the core material there would be insufficient vertical height in the prepared tooth to provide adequate resistance to displacement and retention of an extra-coronally retained crown.

³ Medicaid Provider Manual, Dental, January 1, 2025, p 35.

Examples of a large area of tooth structure loss includes loss of at least one complete cusp in a posterior tooth.⁴

Here, as discussed above, the Department denied a request for a core buildup and crown. In appealing that decision, Petitioner bears the burden of proving by a preponderance of evidence that Respondent erred in denying the prior authorization request. Moreover, the undersigned Administrative Law Judge is limited to reviewing the Department's decision in light of the information available at the time the decision was made.

Given the record and applicable policies in this case, Petitioner has failed to meet that burden of proof; and the Department's decision must, therefore, be affirmed.

As provided in the above policies, the core buildups and Crowns have certain requirements that must be met prior to the services being authorized. In this case, Petitioner did not meet those criteria for the requested services. Additionally, it was indicated by the Department that a more conservative treatment for Petitioner would be a restorative treatment as the documentation provided do not indicate the presence of a cusp fracture.

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 a core buildup and crown

IT IS, THEREFORE, ORDERED that:

Respondent's decision is **AFFIRMED**.

⁴ Exhibit A, pp 42-43.