



Date Mailed: July 31, 2025

Docket No.: 25-019442

Case No.: [REDACTED]

Petitioner: [REDACTED]

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.

[REDACTED] MI [REDACTED]

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Docket No.: 25-019442

Case No.: [REDACTED]

Petitioner: [REDACTED]

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 July 8, 2025. Petitioner appeared and testified on his own behalf. Ryan Carrow, Lead Clinical Clinician, appeared and testified on behalf of the Respondent Meridian (Respondent). Dr. Traci Dantzler, Utilization Management Director for Delta Dental Plan of Michigan, also testified as a witness for Respondent.

During the hearing, Respondent submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-30. No other proposed exhibits were submitted by either party.

ISSUE

Did Respondent properly deny Petitioner's request for a lower partial denture?

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 enrolled with Respondent, a Medicaid Health Plan (MHP), and who is eligible for dental services through Respondent pursuant to the Healthy Michigan Plan (HMP). (Exhibit A, page 10).
2. In administering dental benefits, Respondent contracts with Delta Dental Plan of Michigan to provide dental services. (Medicaid Provider Manual, January 1, 2025 version, Dental Chapter, page 5).
3. On March 3, 2025, a dental provider submitted a request to Delta Dental Plan of Michigan for a lower partial denture for Petitioner. (Exhibit A, page 9.).

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4. The request and attached documentation indicated that Petitioner was missing teeth #18, #30, and #31. (Exhibit A, pages 15-16; Testimony of Utilization Management Director).
 5. On March 13, 2025, Delta Dental Plan of Michigan sent Petitioner a written Notice of Adverse Benefit Determination stating that Petitioner's request for a lower partial denture had been denied. (Exhibit A, pages 8-14).
 6. With respect to the reason for the denial, the Notice of Adverse Benefit Determination stated:

APUM57001 - FALSE TEETH CAN BE USED TO REPLACE MISSING TEETH. THESE FALSE TEETH ARE CALLED REMOVABLE PARTIAL DENTURES. PAYMENT FOR THESE DENTURES IS MADE ONLY IF NEW DENTURES ARE NEEDED OR OLD ONES ARE BROKEN. THE CLAIM DOES NOT SHOW A NEED FOR NEW DENTURES OR REPLACEMENT OF OLD ONES. THAT'S WHY BENEFITS WERE NOT PAID FOR THE DENTURES. THIS DECISION IS BASED ON OUR CLINICAL CRITERIA FOR REMOVABLE PARTIAL DENTURES. YOU MAY OBTAIN A COPY OF THIS DOCUMENT BY VISITING [HTTPS://DELTADENTAL.PUB/CLINICALCRITERIA](https://deltadental.pub/clinicalcriteria) OR SENDING A WRITTEN REQUEST TO THE ADDRESS LISTED ON THIS NOTICE.

Exhibit A, page 11

7. Petitioner then filed an Internal Appeal with Respondent. (Exhibit A, page 19).
8. On May 9, 2025, Respondent sent Petitioner a written Notice of Internal Appeal Decision – Denial stating that Petitioner's Internal Appeal had been denied. (Exhibit A, pages 17-27).
9. With respect to the reason for the denial, the notice stated in part:

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

We received your appeal for lower partial denture as you are missing molars and making eating hard and painful. Your notes and x-rays were reviewed. The notes you are missing teeth #18, #30, and #31. Per the Delta Dental of Michigan Clinical Criteria for

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Removable Partial Dentures. Reference Number: 282.33. Issue Date (Effective Date): 12/1/2024, the notes must show:

-The need for removable partial dentures is based on the number and/or position of missing teeth (adequate number and distribution of teeth to properly retain and support a removable partial denture).

-You need coverage for a new partial denture to replace one or more missing teeth or replace an old partial denture that's broken.

The notes did not show this. Therefore, the requests stays denied.

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

Your appeal and all clinical information were reviewed by a Meridian Medical Director. The reviewer is a(n) M.D., who is board certified in Family Medicine. The reviewer was not involved in the original decision. Meridian is keeping the first denial decision after this review.

You should share a copy of this decision with your provider so you and your provider can discuss next steps. If your provider requested coverage on your behalf, we have sent a copy of this decision to your provider.

If you don't agree with our decision, you have the right to further appeal

Exhibit A, pages 19-20

10. On May 23, 2025, MOAHR received the request for hearing filed in this matter with respect to the denial of Petitioner's request for a lower partial denture. (Exhibit A, page 1).

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

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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).

The Respondent is 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 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

* * *

- Dental Services for Adults

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Moreover, with respect to dental services through an MHP, the MPM also states:

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.

Here, as discussed above, Respondent denied Petitioner's request for a lower partial denture.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of the evidence that Respondent erred. Moreover, the undersigned ALJ 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 satisfied that burden of proof, and Respondent's decision must therefore be reversed.

The sole policy identified and relied upon by Respondent at the hearing states in part that removable partial dentures will only be approved if the following condition is met:

Medical necessity of the partial denture, including replacement of one or more missing anterior teeth, or replacement of multiple

missing posterior teeth in the same arch (excluding third molars)
when a functional deficit is present.

Exhibit A, page 30

However, while Respondent denied Petitioner's request pursuant to that policy, the record in this case demonstrates that, even excluding third molars, Petitioner is missing multiple posterior teeth in the same arch and Respondent's own witness from Delta Dental Plan of Michigan expressly testified that Petitioner met the identified policy.

Moreover, while the notices sent to Petitioner regarding the denial of the request for a lower partial denture by Delta Dental Plan of Michigan (Respondent) cite other policy in support of the decision, Respondent did not identify, produce, or rely upon any such policies during the hearing.

Both notices themselves are also insufficient on their face to support a denial in this case. For example, the Notice of Adverse Benefit Determination states that the request was denied because "clinical criteria" was not met, without identifying or explaining what clinical criteria was not met and only providing a link to a website. Similarly, while the Notice of Internal Appeal Decision cites Delta Dental of Michigan Clinical Criteria for Removable Partial Dentures. Reference Number: 282.33. Issue Date (Effective Date): 12/1/2024, it also only broadly states that the notes did not show a need for removable partial dentures based on the number and/or position of missing teeth and there is no identification on what number or position of missing teeth is sufficient.

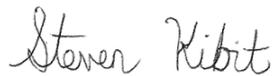
Accordingly, based on the record in this case, including the undisputed fact that Petitioner met the sole criteria identified and relied upon by Respondent at the hearing, the undersigned ALJ finds that Petitioner has met his burden of proof and Respondent's denial of Petitioner's request for a lower partial denture must be approved.

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 a lower partial denture.

IT IS, THEREFORE, ORDERED that:

- Respondent's decision is **REVERSED**, and it must initiate an approval of Petitioner's prior authorization request.



STEVEN KIBIT
ADMINISTRATIVE LAW JUDGE

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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. 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://rs.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, **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:

Department Contact

MDHHS-MANAGED CARE PLAN DIVISION
400 S PINE ST 7TH FL
LANSING, MI 48933
MDHHS-MCPD@MICHIGAN.GOV

Community Health Representative

MERIDIAN COMPLETE
C/O KATIE FEHER
777 WOODWARD AVE
STE 700
DETROIT, MI 48244
KATIE.FEHER@CENTENE.COM

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]

