



Date Mailed: July 11, 2025

Docket No.: 25-019768

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]
[REDACTED] MI [REDACTED]

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DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and upon the Petitioner's request for a hearing.

After due notice, a telephone hearing was held on July 2, 2025. Petitioner appeared and testified on her own behalf. Dr. Jacinto Beard, National Dental Director, appeared and testified on behalf of Molina Healthcare, the Respondent Medicaid Health Plan (Department). Sherri Taylor, Manager of Appeals and Grievances, appeared as a witness for Department.

Exhibits:

- | | |
|------------|---|
| Petitioner | 1. Petitioner Request for Hearing
2. Negative Action Notices |
| Department | A. Hearing Summary |

ISSUE

Did the Department properly deny Petitioner's prior authorization request for a crown and partial bridge?

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 with the Department. (Exhibit A.)
2. On September 30, 2024, Department received a prior authorization request from Dr. Bobby Grossi for a prosthodontics fixed, pontic-porcelain/ceramic tooth. (Exhibit A; Testimony.)

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3. On October 9, 2024, Department sent Petitioner a negative action notice, denying the request for a crown. The notice provided the request was denied as a result of the service not being covered benefit. (Exhibit A; Testimony.)
 4. On January 28, 2025, Department received a prior authorization request from Dr. Srujalkumar Patel on behalf of Petitioner for a crown. (Exhibit A; Testimony.)
 5. On January 28, 2025, the Department sent Petitioner a negative action notice, denying the request for a crown. The notice provided the request was denied as a result of Petitioner receiving this service within the prior 60 months. (Exhibit A.)
 6. On February 7, 2025, the Department sent Petitioner a Physician Reviewer Denial Letter following the receipt of Petitioner's internal appeal request. The notice provided the following:

It was decided to still deny payment for the Crown and Core Buildup on tooth #7. Information on file shows you received a crown on 2/1/2024 for tooth #7. Crowns are allowed once every 5 years. The crown frequency limit for tooth #7 has been met.¹
 7. On May 23, 2025, the Michigan Office of Administrative Hearings and Rules received from Petitioner, a request for hearing. (Hearing File.)

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.

¹ Exhibit 2, p 4.



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The Department 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 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.

* * *

The following services must be covered by MHPs:

- ...
- Dental services for adults²

² MPM, Medicaid Health Plans, July 1, 2024, p 1.



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Additionally, regarding dentures, the Dental Chapter of the MPM provided in part:

7.3.C. INDIRECT RESTORATIONS

Crowns are a covered benefit for all beneficiaries...

Providers must verify with MDHHS that the beneficiary is eligible for a crown per the five-year rule as described in the Frequency Verification Process section below prior to rendering service...

7.6 PROSTHODONTICS (REMOVABLE) **7.6.A. GENERAL INSTRUCTIONS**

Complete dentures, immediate complete dentures, and partial dentures are benefits for all beneficiaries.

Complete and partial dentures are benefits once per five years per arch when the expected prognosis of the complete or partial dentures is at least five years.³

Here, Respondent denied a request for a crown on the basis the Petitioner had a prior crown on the same tooth in the prior 5 years and further denied a request for a partial denture (D6245) on the basis that it is not a covered benefit.

In response, Petitioner indicated the crown was never affixed properly and never worked and further that she needs the replacements because of her embarrassment.

Given the above policies and evidence in this case, Petitioner has partially met her burden of proof. In regard to the crown, it doesn't appear, based on policy, that Petitioner meets the criteria for a new crown based on the five-year limitation. However, the rationale provided by the Department in regard to the denial for the partial denture is not corroborated by the applicable policy. The pertinent policy provides that dentures are a covered benefit.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that Department's decision to deny the requested services, is affirmed in part and reversed in part.

IT IS, THEREFORE, ORDERED that:

³ MPM, Dental, July 1, 2024, pp 21, 24.

Department's decision to deny a crown (D2740) is **AFFIRMED**.

Department's decision to deny a partial denture (D6245) is **REVERSED**.

The Department is ordered to initiate the reprocessing of Petitioner's request for a partial denture.



COREY A. ARENDT
ADMINISTRATIVE LAW JUDGE

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://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 MOAHR-BSD-Support@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 First Class and
Electronic Mail:**

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]
[REDACTED]

Via Electronic Mail:

Department Contact

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