



Date Mailed: August 28, 2025
Docket No.: 25-026220
Case No.: [REDACTED]
Petitioner: [REDACTED]

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

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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

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Docket No.: 25-026220

Case No.: [REDACTED]

Petitioner: [REDACTED]

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 August 27, 2025. [REDACTED] Petitioner, appeared and testified on her own behalf. Sherri Taylor, Manager, Appeals and Grievance, appeared and testified on behalf of Respondent, Molina Healthcare, the Medicaid Health Plan, and its contractor DentaQuest. (Respondent or MHP). Dr. Jacinto Beard, Dental Consultant, appeared as a witness for Respondent.

ISSUE

Did the Respondent properly deny Petitioner's prior authorization (PA) request for a sleep apnea appliance?

EXHIBITS

Respondent's Exhibit A, pp 1-26

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 June 5, 2025, Respondent received a Request for Prior Authorization (PA) from Petitioner's dentist for a sleep apnea appliance. (Exhibit A, pp 5-6; Testimony.)
3. On June 5, 2025, Respondent sent Petitioner and her dentist a Notice of Adverse Benefit Determination indicating that the request for a sleep apnea appliance was denied because the device was not a covered benefit under her plan. (Exhibit A, pp 11-24; Testimony.)
4. On June 10, 2025, Petitioner requested an internal appeal. (Exhibit A, p 3; Testimony.)

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5. On July 9, 2025, Respondent sent Petitioner a Notice of Internal Appeal Decision – Denial, which upheld the denial. (Exhibit A, p 3; Testimony.) Specifically, the Denial indicated:

Upon review, an appeal for a Sleep Apnea Appliance was received. This appeal was reviewed by a Molina Healthcare Dentist. Standard and accepted rules were used to do this review. All information sent in was reviewed. It was decided to still deny the Sleep Apnea Appliance. A Sleep Apnea Appliance is not covered under your benefit plan. Please talk to your provider about your dental options. Criteria/Regulations used to support denial: MI Guidelines, Dentaquest Benefit Plan. This is our final adverse determination. (*Id.*; Testimony.)

6. On July 21, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner’s request for hearing. (Exhibit A, p 2.)

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
April 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

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
April 1, 2025, pp 12, 30*

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 sleep apnea appliance was denied because it is not a covered service under Petitioner's dental plan.

Petitioner testified that she has issues with her sleep that she is trying to address in order to maintain her health. Petitioner indicated that she is 61 years old and suffers from insomnia, which results in excessive problems with heavy fatigue throughout the day. Petitioner testified that she was referred to a pulmonologist who conducted two sleep tests and she was diagnosed with sleep apnea. Petitioner indicated that there are three ways to treat sleep apnea: surgery, a c-pap machine, or the oral device requested here. Petitioner testified that her pulmonologist prescribed the device but the device has to be made by a dentist so the dentist submitted the PA. Petitioner indicated that she has never tried this device but wants to be able to try something short of surgery. Petitioner indicated that she also cannot use a c-pap machine because she cannot keep anything on her face during the night.

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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 sleep apnea appliance. As indicated during the hearing, Medicaid does not cover the requested sleep apnea appliance under Petitioner's dental coverage. However, Medicaid may cover the device as Durable Medical Equipment under Petitioner's medical coverage. Petitioner can check with her pulmonologist to see if there is a medical code under Durable Medical Equipment that he can submit a PA under.

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 sleep apnea appliance.

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 sleep apnea appliance.

IT IS THEREFORE ORDERED that:

Respondent's decision is **AFFIRMED**.



ROBERT J. MEADE
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://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 First Class & Electronic
Mail:**

Petitioner

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

Via Electronic Mail:

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