Michigan Office of Administrative Hearings and Rules
P.O. BOX 30763
LANSING, MI 48909

Date Mailed: August 25, 2025
Docket No.: 25-026226
Case No.: [redacted]
Petitioner: [redacted]

[redacted]
[redacted] MI [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.

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Case No.: [redacted]
Petitioner: [redacted]

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.,* and upon Petitioner's request for hearing.

After due notice, a telephone hearing was held on August 21, 2025. [redacted] Petitioner, appeared and testified on her own behalf. Jennifer Murphy, Supervisor, Appeals, appeared on behalf of Respondent Blue Cross Complete, the Medicaid Health Plan (Respondent or MHP).

During the hearing, Respondent submitted an evidence packet that was admitted into the record as Exhibits A-J, pages 1-96.

ISSUE

Did Respondent properly deny Petitioner's request for reimbursement for periodontal scaling and root planing?

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 has been receiving services through Respondent MHP. (Exhibit B; Testimony.)

2. On November 5, 2024, Petitioner's provider submitted a prior authorization request for Petitioner to receive periodontal scaling and root planing. (Exhibit D; Testimony). The request was denied as it exceeded the service limit of one scaling and root planing every 24 months as records showed that Petitioner had the same service performed over two appointments in August and September 2024. (*Id*.)

3. On February 6, 2025, Petitioner's request for internal appeal was received by the MHP. (Exhibit G; Testimony.)

4. On February 8, 2025, the MHP informed Petitioner that her appeal was denied because it was not filed within 60 days of the denial notice as required by policy. (*Id*.)

5. In April 2025, Petitioner's provider was apparently able to get a prior authorization approved because they scheduled and performed the periodontal scaling and root planing on Petitioner. (Testimony.)

6. When Petitioner returned in May 2025, the dentist's office informed her that reimbursement for the periodontal scaling and root planing had been denied. (Testimony.) Petitioner also indicated that the provider has been billing her for the services. (*Id*.)

7. On July 22, 2025, MOAHR received Petitioner's request for hearing. (Exhibit H.)

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 statutes, 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. 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:

> **SECTION 1 – GENERAL INFORMATION**
>
> 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.

1.1 SERVICES COVERED BY MEDICAID HEALTH PLANS (MHPS)

The following services must be covered by MHPs:

****

- Dental services for adults

****

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.

Medicaid Provider Manual
Medicaid Health Plans Chapter
January 1, 2025, pp 1, 5
Emphasis added

Here, Respondent's witness testified on November 5, 2024, Petitioner's provider submitted a prior authorization request for Petitioner to receive periodontal scaling and root planing. Respondent's witness indicated that the request was denied as it exceeded the service limit of one scaling and root planing every 24 months as records showed that Petitioner had the same service performed over two appointments in August and September 2024. Respondent's witness testified that on February 6, 2025, Petitioner's request for internal appeal was received by the MHP and on February 8,

2025, the MHP informed Petitioner that her appeal was denied because it was not filed within 60 days of the denial notice as required by policy.

Petitioner testified that in April 2025, her provider was apparently able to get a prior authorization approved because they scheduled and performed the periodontal scaling and root planing on Petitioner. Petitioner indicated that when she returned in May 2025, the dentist's office informed her that reimbursement for the periodontal scaling and root planing had been denied. Petitioner also indicated that the provider has been billing her for the services. Petitioner also indicated that she never received the periodontal scaling and root planing that they think she did in August and September 2024 as those appointments were just for regular cleanings.

Petitioner bears the burden of proving by a preponderance of the evidence that the Respondent erred in denying the claim request. Given the record and applicable policies in this case, Petitioner has not met this burden of proof so Respondent's decision must be affirmed.

As indicated above, dental providers will not be reimbursed for services provided to an ineligible beneficiary. Here, according to Petitioner, her provider was able to get a prior authorization approved by the MHP and the services were provided in April 2025. However, when the provider tried to bill the MHP for the services, the claim was denied. Given these facts, this is a billing dispute between the provider and the MHP which does not involve Petitioner.

Because Petitioner's dental provider accepted her as a Medicaid beneficiary through a Medicaid Health Plan, **THEY CANNOT BILL PETITIONER FOR SERVICES IF THE MHP DENIES THE CLAIM.** There is a dispute resolution process available between Medicaid providers and MHP's, but that does not involve Petitioner and again – **THE PROVIDER CANNOT BILL PETITIONER FOR THESE SERVICES.**

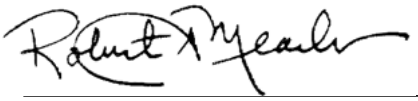
Also, given the above findings of fact and conclusions of law, this ALJ cannot resolve this billing dispute so Respondent's decision must be affirmed.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Respondent properly denied Petitioner's prior authorization request.

IT IS, THEREFORE, ORDERED that:

The 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://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, **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:

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