



**Date Mailed:** December 09, 2025  
**Docket No.:** 25-035942  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]

[REDACTED]  
[REDACTED] MI [REDACTED]

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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### **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 December 9, 2025. Petitioner appeared and testified on her own behalf. Allison Constantine, RN, appeared and testified on behalf of Respondent, Blue Cross Complete, the Medicaid Health Plan, and its contractor Delta Dental. (Respondent or MHP). Dr. Michael Sofianos, Dental Consultant, Delta Dental, appeared as a witness for Respondent.

### **ISSUE**

Did the Respondent properly deny Petitioner's prior authorization (PA) request for buildup and a crown for tooth #6?

### **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, [REDACTED] is a Medicaid beneficiary enrolled with Blue Cross Complete of Michigan. (Exhibit A; Testimony)
2. On April 3, 2025, Petitioner's provider submitted a claim and pre-authorization request for a core buildup and crown for tooth #6 (Procedure Codes D2740/D2950). (Exhibit B, p. 5; Testimony)
3. On April 4, 2025, Respondent issued a denial of the request, citing insufficient clinical justification. (Exhibit B, p. 5; Exhibit G; Testimony)
4. Petitioner filed an appeal on April 17, 2025, asserting she experienced severe pain and had previously sought urgent care for the affected tooth. (Exhibit H, pp. 37-38; Testimony)
5. Respondent reviewed the appeal and upheld the denial on May 1, 2025, based on the Dental Director's determination. (Exhibit B, p. 5; Exhibit F, pp. 21-22; Testimony)

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6. The Dental Consultant concluded that the documentation did not demonstrate pathologic destruction to more than 50% of the incisal edge or involvement of four or more surfaces, as required by DentaQuest criteria. (Exhibit F, p. 21; Testimony)
  7. The applicable guidelines for crown approval are found in the DentaQuest Clinical Criteria and the Michigan Medicaid Provider Manual, which limit crown coverage to cases with significant structural damage. (Exhibit K, pp. 73–85; Testimony)
  8. Petitioner requested a State Fair Hearing on May 15, 2025. (Exhibit 1)<sup>1</sup>

### **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 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 MDCH website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies.

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<sup>1</sup> Due to a possible issue with the Notice of Hearing for the June 2025 hearing, the case was reopened and a new Notice of Hearing was provided.

(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

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### **SECTION 8 – NONCOVERED SERVICES**

The following dental services are not covered by Medicaid:

- Orthodontics
- Gold foil restorations, inlay/onlay restorations

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- 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*

With regard to buildup and a crown for tooth #6, the MHP's criteria indicates:

Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma, and must involve four or more surfaces and at least 50% of the incisal edge.

(Exhibit A, p 74)

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 buildup and a crown for tooth #6 was denied for failure to meet policy requirements. Specifically, Respondent's witness indicated that records received with the request did not show pathologic destruction to the tooth by caries or trauma, involving four or more surfaces and at least 50% of the incisal edge, as required by policy.

Petitioner testified that tooth #7 was finished, but tooth #6 has not been finished and has been causing her pain and discomfort for years.

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 buildup and a crown for tooth #6. As indicated above, in order to receive buildup and a crown, the above criteria must be met. Here, the information provided did not show pathologic destruction to the tooth by caries or trauma, involving four or more surfaces

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and at least 50% of the incisal edge, as required by policy. As such, Respondent properly denied Petitioner's request.

While Petitioner's pain is acknowledged, pain alone does not satisfy the criteria for crown approval and 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).

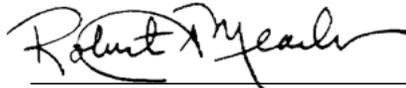
Accordingly, Respondent properly denied Petitioner's request for buildup and a crown for tooth #6.

**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 buildup and a crown for tooth #6.

**IT IS THEREFORE ORDERED** that:

Respondent's decision is **AFFIRMED**.



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**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](https://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 <mailto:MOAHR-BSD-Support@michigan.gov> 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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