

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2208885
Decision Date:	3/6/2023	Hearing Date:	01/26/2023
Hearing Officer:	Alexis Demirjian	Record Open to:	February 3, 2023

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Cheryl Ellis, M.D., Medical Director United
Healthcare, Senior Care Options
Trevor Smith, DDS, United Healthcare,
Senior Care Options

Interpreter:
Gloria



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Prior Authorization – Dental Care
Decision Date:	3/6/2023	Hearing Date:	01/26/2023
MassHealth's Rep.:	Dr. Ellis Dr. Smith	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center Room 3	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated November 15, 2022, and following a first-level standard internal appeal, UnitedHealthcare SCO notified the Appellant that it had denied a prior authorization request for dental services. (see 130 CMR 508.007, 420.000 *et. seq.* and Exhibit 3). The appellant filed this appeal in a timely manner on December 1, 2022. (see 130 CMR 508.007, 610.015, 610.18 and Exhibit 2). Denial of a prior authorization request for dental services is valid grounds for appeal (see 130 CMR 508.007, 610.018, 610.032 (B)).

Action Taken by MassHealth

UnitedHealthcare SCO denied the Appellant's level one internal appeal of a prior authorization for dental services.

Issue

Did UnitedHealthcare SCO correctly deny the Appellant's level one internal appeal of a prior authorization for dental work.

Summary of Evidence

At hearing, a representative for UnitedHealthcare SCO testified that the Appellant's level one appeal was denied because one of the requested services is not covered by the Appellant's plan and the other requested service could not be authorized because the Appellant's provider did not submit documentation to substantiate the necessity. The representative was asked what was submitted by the Appellant's provider and the representative did not have knowledge of the original submission, nor could they speak to the prior authorization process since they subcontract that work to a vendor. Additionally, the representative did not have knowledge of the level one appeal review, nor did they have knowledge of the process utilized during the level one appeal.

A record open period was allowed so that UnitedHealthcare SCO could supplement its original submission. UnitedHealthcare SCO responded by email that it utilizes a vendor, Skygen, to review prior authorizations submitted for dental benefits. (See Exhibit 5) To obtain dental services under UnitedHealthcare's Senior Care Options, a provider must submit a prior authorization with supporting documentation. (Id.). A licensed dentist completes a review of the prior authorization and supporting documentation and determines whether it meets the clinical criteria for approval. (Id.). If a prior authorization is received for a non-covered code with or without supporting documentation, the prior authorization will automatically be denied under administrative rules for non-covered codes. (Id.). UnitedHealthcare SCO was asked to specify what criteria and guidance they use for determining eligibility. In response, the compliance officer reported UnitedHealthcare SCO Dental Plan utilizes guidance from MassHealth policy and procedure provider manual pertaining to Medicaid covered and non-covered services. (Id.).

On October 12, 2022, the Appellant's treating provider submitted a request for prior authorization for D2750 (Crowns) on tooth #31 and #18, D6071 (Abutment Supported Retainer for Porcelain Fused to Metal Fpd (Noble Metal)) and D6242 (Pontic – Porcelain Fused to Metal)¹. The Appellant's treating provider stated the reason for the prior authorization request was recurrent decay under old crowns and upper right bridge done estimated to have been done 15 years ago causing patient sensitivity and pain. (Exhibit 5). The UnitedHealthcare representative testified that the Appellant's provider did not include x-rays or supporting documentation. (Testimony).

On October 13, 2022, UnitedHealthcare SCO, reviewed the prior authorization submitted by the Appellant's provider for code D2750 (Crown) on tooth #31 and #18 and approved this part of the prior authorization request. However, on that same date, UnitedHealthcare SCO, denied the portion of the prior authorization request related to service codes D6071 (Abutment Supported Retainer for Porcelain Fused to Metal Fpd (Noble Metal)) and D6242 (Pontic – Porcelain Fused to Metal).

A review of the UnitedHealthcare SCO dental coverage indicates that service D6242 (Pontic –

¹ A pontic is an artificial false tooth.

Porcelain Fused to Metal) requires that the provider submit with the request full arch radiographs w/Charting of missing teeth. (Exhibit 4). A cover letter submitted in this matter stated the reason for the denial of the D6242 was that the Appellant's provider has not submitted any narrative documentation to support use of code or indicated why code is medically necessary. (Id.). The cover letter also indicates that the criteria used for review was SkyGen USA criteria, but a copy of this criteria was not submitted. (Id.)

On October 18, 2022, the Appellant requested a level one appeal from UnitedHealthcare SCO. On November 15, 2022, UnitedHealthcare issued a denial of the Appellant's level one appeal affirming the denial of D6071 (Abutment Supported Retainer For Porcelain Fused to Metal Fpd (Noble Metal) and D642 (Porcelain Fused to Noble Metal a tooth 3 and 4, is not medically necessary. In the notice it stated that a "bridge can be covered if x-rays sent show the supporting teeth have at least 50% bone support." The letter states, "[r]ecords sent do not show the supporting teeth have at least 50% bone support. The letter states the criteria used to evaluate this level one appeal was "SkyGen USA criteria" for review.

During the hearing, the Appellant expressed pain with his teeth and a dissatisfaction with the dentist that put in the prior authorization and asked for help obtaining a new dentist and appropriate services.² (Testimony).

On February 3, 2023, UnitedHealthcare SCO reported that in response to the testimony at hearing, they had assigned a Consumer Advocate to the Appellant to help the Appellant find a new dentist who would be able to facilitate his dental care including fixing the crowns that had been authorized. (Exhibit 5). The Consumer Advocate was able to facilitate the scheduling of an appointment and confirm the member's availability and desire to complete services with the newly selected dental provider. (Id.).

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The Appellant is over the age of 65 and is enrolled in UnitedHealthcare SCO.
2. On October 12, 2022, the Appellant's treating provider submitted a request for prior authorization for D2750 (Crowns) on tooth #31 and #18, D6071 (Abutment Supported Retainer For Porcelain Fused to Metal Fpd (Noble Metal)) and D6242 (Pontic – Porcelain Fused to Metal). (Exhibits 4 and 5).
3. The prior authorization request was reviewed by SkyGen, which determined medical necessity for services requested through the UnitedHealthcare SCO Dental Program.

² The Appellant is a Spanish speaking adult who did not receive notices or a member's manual in Spanish. Since the time of the hearing, UnitedHealthcare SCO has supplied the Appellant with a Spanish manual and copies of translated notices.

(Testimony; Exhibits 4 and 5).

4. On October 13, 2022, UnitedHealthcare SCO approved the prior authorization for code D2750 (Crown) on tooth #31 and #18. (Exhibit 5).
5. On October 13, 2022, UnitedHealthcare SCO denied the prior authorization request for code D6071 (Abutment Supported Retainer for Porcelain Fused to Metal Fpd (Noble Metal)) because this service is not included in the Appellant's dental coverage plan. (Testimony; Exhibits 4 and 5).
6. MassHealth does not cover implants and does not include code D6071 (Abutment Supported Retainer for Porcelain Fused to Metal Fpd (Noble Metal) in its covered services.
7. On October 13, 2022, UnitedHealthcare SCO denied the prior authorization request for service code D6242 (Pontic – Porcelain Fused to Metal) because the Appellant's provider did not include sufficient documentation to approve the service. (Testimony; Exhibits 4 and 5).
8. On October 18, 2022, the Appellant filed a level one appeal with UnitedHealthcare SCO for denial of services related to codes D6071 and D6242. (Exhibit 4).
9. On November 15, 2022, UnitedHealthcare SCO denied the level one appeal. (Exhibit 3).
10. UnitedHealthcare SCO's Evidence of Coverage for the Appellant states that "Dental services (part of your MassHealth (Medicaid) coverage*) Services include emergency care visits, X-rays, extractions, dentures, and oral surgery. Cleanings, fillings, certain x-rays, and routine visits are covered for one visit every six months. Implants not to exceed 4 per calendar year." (Exhibit 4).
11. The UnitedHealthcare Dental Provider Manual, which is a manual for dental providers within its network, provides specific information regarding covered services, including the lists of dental codes covered. (Exhibit 4).
12. The UnitedHealthcare Dental Provider Manual does not include the service code D6071. (Exhibit 4).
13. The UnitedHealthcare Dental Provider Manual, informs the dental provider that the documentation required for approval of service D6242, includes evidence of minimum 50% bone support on abutments, no periodontal furcation on abutments, no sub-crestal caries on abutments and clinically acceptable RCT on abutments. (Exhibit 4).

Analysis and Conclusions of Law

Pursuant to regulation 130 CMR 508.001, "MassHealth Member Participation in Managed Care:"

(A) Mandatory Enrollment with a MassHealth Managed Care Provider. MassHealth members who are younger than 65 years old must enroll in a MassHealth managed care provider available for their coverage type. Members described in 130 CMR 508.001(B) or who are excluded from participation in a MassHealth managed care provider pursuant to 130 CMR 508.002(A) are not required to enroll with a MassHealth managed care provider.

(B) Voluntary Enrollment in a MassHealth Managed Care Provider. The following MassHealth members who are younger than 65 years old may, but are not required to, enroll with a MassHealth managed care provider available for their coverage type: (1) MassHealth members who are receiving services from DCF or DYS; (2) MassHealth members who are enrolled in the Kaileigh Mulligan Program, described in 130 CMR 519.007(A): The Kaileigh Mulligan Program. Such members may choose to receive all services on a fee-for-service basis; (3) MassHealth members who are enrolled in a home- and community-based services waiver. Such members may choose to receive all services on a fee-for-service basis; or (4) MassHealth members who are receiving Title IV-E adoption assistance as described at 130 CMR 522.003: Adoption Assistance and Foster Care Maintenance. Such members may choose to receive all services on a fee-for-service basis.

(C) Senior Care Organizations (SCO). MassHealth members who are 65 years of age or older may enroll in a SCO pursuant to 130 CMR 508.008(A).

(D) Integrated Care Organizations (ICO). Also referred to as "One Care plans." Members enrolled in an ICO (One Care plan) are participants in the Duals Demonstration, also known as "One Care." MassHealth members who are 21 through 64 years of age at time of enrollment may enroll in an ICO pursuant to 130 CMR 508.007(A).

(Emphasis added)

Next, pursuant to MassHealth regulation 130 CMR 508.008 (C):

Obtaining Services When Enrolled in a SCO. When a member chooses to enroll in a senior care organization (SCO) in accordance with the requirements under 130 CMR 508.008, the SCO will deliver the member's primary care and will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. Upon enrollment, each SCO is required to provide evidence of its coverage, including a complete list of

participating providers, the range of available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to covered services such as specialty, behavioral health, and long-term-care services.

MassHealth regulation 130 CMR 508.010, “Right to a Fair Hearing,” states as follows:

Members are entitled to a fair hearing under 130 CMR 610.000: MassHealth: Fair Hearing Rules to appeal:

(A) the MassHealth agency’s determination that the MassHealth member is required to enroll with a MassHealth managed care provider under 130 CMR 508.001;

(B) a determination by the MassHealth behavioral health contractor, by one of the MCOs, Accountable Care Partnership Plans, or SCOs as further described in 130 CMR 610.032(B), if the member has exhausted all remedies available through the contractor’s internal appeals process;

(C) the MassHealth agency’s disenrollment of a member under 130 CMR 508.003(D)(1), (D)(2)(a), or (D)(2)(b), or discharge of a member from a SCO under 130 CMR 508.008(E); or

(D) the MassHealth agency’s determination that the requirements for a member transfer under 130 CMR 508.003(C)(3) have not been met.

(Emphasis added)

The Appellant exhausted the internal appeal process offered through his SCO, and thereafter, requested a fair hearing with BOH, to which he is entitled pursuant to the above regulations.

As MassHealth’s agent, UnitedHealthcare SCO, is required to follow MassHealth laws and regulations pertaining to a member’s care. Under the regulations pertaining to MassHealth SCOs, above, UnitedHealthcare SCO is empowered to authorize, arrange, integrate, and coordinate the provision of all covered services for the Appellant.

Pursuant to 130 CMR 420.421 (A), MassHealth covers dental services when:

The MassHealth agency pays for the following dental services when medically necessary:

(1) the services with codes listed in Subchapter 6 of the *Dental Manual*, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456; and

(2) all services for EPSDT-eligible members, in accordance with 130 CMR 450.140 through 450.149, without regard for the service limitations described in 130 CMR 420.422 through 420.456, or the listing of a code in Subchapter 6. All such services are available to EPSDT-eligible members, with prior authorization, even if the limitation specifically applies to other members younger than 21 years old.

Additional guidance “about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.” 130 CMR 450.204(D).

MassHealth's dental regulations specifically defines "implants of any type or description" to be non-covered for members over the age of 21.³ 130 CMR 420.421(B)(5). Despite this limitation in Medicaid coverage, UnitedHealthcare has agreed to cover dental implants under certain circumstances.

Therefore, the rules governing whether the requested procedure should be covered are those written by UnitedHealthcare, or by their vendor SkyGen, not those written by MassHealth. United Healthcare's coverage criteria as published in the Dental Provider Manual states that coverage for service D6242 requires evidence of the following: evidence of minimum 50% bone support on abutments, no periodontal furcation on abutments, no sub-crestal caries on abutments and clinically acceptable RCT on abutments. There is no evidence in the record that supports that the criteria were met by the requesting dental provider. For those reasons, UnitedHealthcare did not err in its denial of this service.

Additionally, UnitedHealthcare did not err in denying service for D6071. This code does not appear in Subchapter 6 of the *Dental Manual*, which is a prerequisite for payment under 130 CMR 420.421(A). Nor is there any reference to this service as a covered service within the MassHealth dental regulations as described in 130 CMR 420.422 through 420.456.

Accordingly, this appeal is DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior

³ All non-covered services may be covered "when MassHealth determines the service to be medically necessary **and the member is younger than 21 years old.**" 130 CMR 420.021(B).

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Alexis Demirjian
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: United Healthcare SCO, Attn: Cheryl A. Ellis, M.D., LTC Medical Director, 950 Winter St., Ste. 3800, Waltham, MA 02451