

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied in part; Approved in part	Appeal Number:	2303356
Decision Date:	7/19/2023	Hearing Date:	05/25/2023
Hearing Officer:	Kimberly Scanlon	Record Open to:	06/15/2023

Appearance for Appellant:

Via telephone

Pro se

Appearance for MassHealth:

Via telephone

Trevor H. Smith, D.M.D., Associate Director,
United Healthcare Specialty Benefits



*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 in part; Approved in part	Issue:	Prior Authorization- Dental
Decision Date:	7/19/2023	Hearing Date:	05/25/2023
MassHealth's Rep.:	Dr. Trevor Smith, D.M.D.	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 2 (Remote)	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 April 4, 2023, United Healthcare Community Plan, Senior Care Options, denied the Appellant's Level 1 appeal of a denial for prior authorization for approval of dental codes D5862 (Precision Attachment for Teeth numbers 22, 24, 26, and 28) and D5865 (Overdenture – Complete Mandibular). The Appellant filed this Level 2 appeal in a timely manner on April 14, 2023. (See, 130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (See, 130 CMR 610.032 (B)(2)).

Action Taken by MassHealth

United Healthcare denied the Appellant's request for prior authorization for dental Procedure Codes D5862 (Precision Attachment for Teeth #'s 22, 24, 26, and 28) and D5865 (Overdenture – Complete Mandibular).

Issue

The appeal issue is whether United Healthcare was correct in denying the prior authorization of dental Procedure Codes D5862 (Precision Attachment for Teeth #'s 22, 24, 26, and 28) and D5865 (Overdenture – Complete Mandibular).

Summary of Evidence

The Appellant is over the age of 65 and enrolled in United Healthcare, Senior Care Option (SCO) through MassHealth. She appeared at the hearing telephonically. United Healthcare (UHC) was represented telephonically at the hearing by its Associate Director for Clinical Consulting, Doctor of Medicine in Dentistry.

On April 4, 2023, UHC denied a prior authorization request for dental Procedure Codes D5862 (Precision Attachment for Teeth #'s 22, 24, 26, and 28) and D5865 (Overdenture-Complete Mandibular). The reasoning set forth in the April 4, 2023 denial notice states as follows: "This request is not medically necessary. This service is denied. The records sent show this service will be used as part of a bridge and/or denture that will use an implant(s) as support. Implant supported bridges and dentures are not covered." (See, Exhibit 1, p. 1).

On April 13, 2023, the Appellant filed a Level 2 appeal with the Board of Hearings.¹

The UHC representative testified to the following: the Appellant's dental provider submitted x-rays of the Appellant's lower jaw but did not include any narrative or additional documentation. Therefore, his testimony is based upon the x-rays received. Procedure Code D5865, is an overdenture for lower teeth (mandibular) which uses existing natural tooth roots and precision attachments in order to hold the denture in place. In accordance with the UHC Provider Manual, D5865 is a covered code but it was incorrectly coded in this case. This is because procedure code D5865 is to be used only on natural teeth and not implants. The correct code that would be used for mandibular overdentures is D6111. Here, the x-rays submitted by the Appellant's dental provider show that the member has no lower natural teeth, though it appears that she has 4 lower implants. As a result, UHC denied this request.

With respect to procedure code D5862, the UHC representative testified that per the UHC Provider Manual, this particular code is a precision attachment. A precision attachment is a component that is used to allow an overdenture to snap onto an implant or a natural tooth. This particular code was applied to the Appellant's teeth #'s 22, 24, 26, and 28 where x-rays appear to show that implants have been placed. The UHC representative quoted from the denial notice that "the records show this service will be used as part of a bridge and/or denture that will use an

¹ A Level 2 appeal is followed by an internal appeal, also known as a Level 1 appeal. In this instance, it appears that the Appellant's Level 1 appeal took place on or about March 20, 2023. It remains unclear how UHC conducts Level 1 appeals though. (See, Exhibit 1, p. 1).

implant(s) as support. Implant support bridges and dentures are not covered.” (See, Exhibit 1). The UHC representative next referred to the Dental Provider Manual which states that “documentation requirements for this code are both a full series of panoramic x-rays and narrative of medical necessity.” (See, Exhibit 9, p. 46). Here, neither clinical documentation requirement was submitted, to the extent that the UHC representative could find in the records.²

The UHC representative was asked at the hearing as to what documentation, if any, was submitted by the Appellant’s provider. In response, the UHC representative testified that he did not have knowledge of the original submission except for the Appellant’s x-rays. The UHC representative was unable to provide additional information about UHC’s prior authorization process because it subcontracts that work to a third-party vendor, “Skygen.”³

The UHC representative further testified upon inquiry that a procedure code that would not require medical necessity documentation is D6010 (implant). In this instance, the required documentation includes x-rays only. In response to further inquiry, the UHC representative testified that there are not any circumstances where UHC would approve a request for bridgework. In accordance with the Procedure Codes found in the Dental Provider Manual, the only codes approved that pertain to implants are single unit restorations where an abutment and crown would be approved. He explained that in this case, it appeared from the Appellant’s x-rays that 4 implants have been placed on the teeth in question. Therefore, the proper procedure code would be D6111, which is not an approved code. With respect to Procedure Code D5862, medical necessity documentation is required for approval.

The Appellant testified that she and her dental provider contacted UHC on three different occasions and were told each time that she would be approved for the requested treatment.⁴ As such, her dental provider began the Appellant’s dental work. Thereafter, the Appellant received UHC’s denial letter and is unsure how to proceed because she requires the requested dental treatment for medical reasons.⁵ With respect to the pertinent x-rays that are required to be submitted, specifically, panoramic x-rays, the Appellant explained that she recently broke her neck and therefore was unable to use her dental provider’s panoramic machine. As a result, her dental provider suggested that she contact her primary care doctor to ascertain whether he was able to assist in x-rays. While the Appellant’s medical provider agreed to do so, efforts made thus far were unsuccessful for the Appellant’s dental provider. The UHC representative suggested that the Appellant’s dental provider review the Dental Provider Manual prior to submission moving

² It is noted that the “records” the UHC representative would have access to, accordingly, are held within UHC’s third party vendor system and not UHC.

³ It should be further noted that the UHC representative testified that while he is he a subject matter expert and not an expert on the prior authorization process, he can offer some explanation and was instructed to provide an e-mail address if there were any additional questions.

⁴ The Appellant expressed her disappointment in receiving conflicting responses from UHC’s customer service line and suggested that this information should be clarified throughout UHC to prevent further miscommunication.

⁵ The Appellant testified that she would be unable to eat without the remaining dental work performed. Currently, the Appellant is only able to eat soft foods such as broth.

forward to confirm that the requested services were in fact covered.

Following the hearing, the record was left open until June 15, 2023 for UHC to provide any and all documentation that was submitted by the Appellant's dental provider. (See, Exhibit 10). In response, UHC's Director of Advocacy and Engagement stated by e-mail that after reviewing its systems she did not find any additional information that was not already included in the hearing packet."⁶ (See, Exhibit 12). During the record open period the Board of Hearings also received further correspondence from the Appellant's dental provider. Said correspondence has been incorporated into the record as Exhibit 13, a copy of which was sent to UHC.

Findings of Fact

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

1. The Appellant is over the age of 65 and a MassHealth member who is enrolled in United Healthcare's, Senior Care Option. (Exhibit 1; Exhibit 3).
2. At some point prior to April 4, 2023, the Appellant's dental provider submitted a prior authorization request on behalf of the Appellant for dental Procedure Codes D5862 (Precision Attachment for Teeth #'s 22, 24, 26, and 28) and D5865 (Overdenture-Complete Mandibular). (Testimony).
3. On April 4, 2023, UHC denied the request for dental Procedure Codes D5862 and D5865. (Testimony; Exhibit 1; Exhibit 9, p. 282-285).
4. The April 4, 2023 denial notice states that: "This request is not medically necessary. This service is denied. The records sent show this service will be used as part of a bridge and/or denture that will use an implant(s) as support. Implant supported bridges and dentures are not covered." (Testimony; Exhibit 1, p. 1).
5. The Appellant timely filed a request for a Level 2 hearing on April 13, 2023. (Exhibit 2).
6. The record was left open until June 15, 2023, for UHC to submit any additional documentation that was received by the Appellant's dental provider. (Exhibit 10).
7. During the record open period, the Appellant's dental provider submitted medical documentation indicating that the requested dental procedure is medically necessary. (Exhibit 13).

⁶ UHC's submission includes the following: Massachusetts Dental Provider Manual; 2023 Evidence of Coverage Handbook; Appeal Decision Letter dated April 3, 2023; Request for a fair hearing dated April 13, 2023; Denial Letter dated March 30, 2023 and x-rays. (See, Exhibit 9).

Analysis and Conclusions of Law

Pursuant to 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).

(130 CMR 508.001). (Emphasis added).

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.

(130 CMR 508.010). (Emphasis added)

In the present case, the Appellant is over the age of 65 and enrolled in the UHC SCO (See, 130 CMR 508.001(C)). Moreover, after the Appellant exhausted the internal appeal process offered by her SCO she requested a fair hearing with the Board of Hearings. (See, 130 CMR 508.010(B)). At issue in this appeal is whether UHC correctly denied the Appellant's prior authorization request for dental Procedure Codes D5862 (Precision Attachment) and D5865 (Overdenture - Complete Mandibular).

The UHC Dental Provider Manual, as the UHC representative testified to, includes Procedure Codes D5862 and D5865. With respect to Procedure Code D5862, the required documentation includes FMX or panoramic x-rays and a narrative of medical necessity. As to D5865, the required documentation includes pre-op x-rays (excluding BWX). (See, Exhibit 9, p. 46).

Conversely, pursuant to 130 CMR 420.421(B), the MassHealth agency does not pay for the following services to any member, except when MassHealth determines the service to be medically necessary **and the member is younger than 21 years old**. Prior authorization must be submitted for any medically necessary non-covered services for members younger than 21 years old.

- (1) cosmetic services;
- (2) certain dentures including unilateral partials, **overdentures and their attachments**, temporary dentures, CuSil-type dentures, other dentures of specialized designs or techniques, and preformed dentures with mounted teeth (teeth that have been set in acrylic before the initial impression);
- (3) counseling or member education services;
- (4) habit-breaking appliances;
- (5) implants of any type or description;
- (6) laminate veneers;

- (7) oral hygiene devices and appliances, dentifrices, and mouth rinses;
- (8) orthotic splints, including mandibular orthopedic repositioning appliances;
- (9) panoramic films for crowns, endodontics, periodontics, and interproximal caries;
- (10) root canals filled by silver point technique, or paste only;
- (11) tooth splinting for periodontal purposes; and
- (12) any other service not listed in Subchapter 6 of the *Dental Manual*.

(130 CMR 420.421(B)). (Emphasis added).

Despite this limitation in coverage, UHC has agreed to cover overdentures and attachments under certain circumstances. Therefore, the rules governing whether the requested procedure should be covered are those written by United Healthcare.

As stated above, Procedure Code D5865 is a covered code within the UHC Dental Manual, so long as the required documentation is submitted. In this case however, the UHC representative testified that the Appellant's dental provider used the incorrect coding because Procedure Code D5865 applies only to natural teeth and not implants. Here, it appears from the x-rays submitted that the Appellant has implants placed on teeth #'s 22, 24, 26, and 28. Moreover, the correct Procedure Code for the Appellant's dental provider (for implants) is D6111, which is not a covered code within the UHC's Dental Manual. Therefore, I find that UHC was within its discretion to deny the Appellant's prior authorization request for Procedure Code D5865. As such, the appeal regarding Procedure Code D5865 is Denied.

Next, Procedure Code D5862, accordingly, is a covered code within the UHC Dental Manual so long as the required clinical documentation is submitted. Said documentation includes FMX or panoramic x-rays and a narrative of medical necessity. In response to the open record period for any/all documentation that was submitted by the Appellant's dental provider, UHC stated via e-mail that upon review, there was no further documentation found except for what was included in its hearing packet. However, the Appellant testified that she was working with her primary physician to satisfy the panoramic x-ray requirement due to her broken neck. The Appellant testified credibly about her inability to eat due to her recent fracture. Finally, the Board of Hearings received documentation from the Appellant's primary care physician and from her dental provider, both of which state the medical need for the requested procedure. (See, Exhibit 13, pp. 1, 6). It is unclear whether this documentation was previously submitted to UHC by the Appellant's dental provider. However, upon review, it appears that this documentation is sufficient to indicate that this requested procedure is medically necessary for the Appellant. As a result, this part of the appeal is Allowed and Remanded back to UHC. UHC is ordered to collaborate with the Appellant's dental provider to ensure that all necessary clinical documentation and x-rays have been properly submitted. UHC will then be able to make a fair determination of the Appellant's eligibility for Procedure Code D5862 and issue a new notice, including new appeal rights.

Order for United Healthcare

Rescind the April 4, 2023, notice of denial. UHC shall issue a new notice for Procedure Code D5862 upon review of the clinical documentation submitted by the Appellant's dental provider.

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

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: United Healthcare SCO, Attn: Susan Coutinho McAllister, MD, LTC Medical Director, 950 Winter St., Ste. 3800, Waltham, MA 02451, 856-287-2743