

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2304239
<b>Decision Date:</b>	10/18/2023	<b>Hearing Date:</b>	08/24/2023
<b>Hearing Officer:</b>	Alexis Demirjian	<b>Record Open to:</b>	

**Appearance for Appellant:**



Appellant's Representative

**Appearance for United Healthcare:**

Dr. Trevor Smith, UHC  
Kate Cosseboom, UHC  
Denise Clemente, UHC



*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

<b>Appeal Decision:</b>	Dismissed	<b>Issue:</b>	Prior Approval for Flexible Partial Dentures
<b>Decision Date:</b>	10/18/2023	<b>Hearing Date:</b>	08/24/2023
<b>United Healthcares's Rep.:</b>	Dr. Smith Ms. Cosseboom Ms. Clemente	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Telephonic/Video	<b>Aid Pending:</b>	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 February 21, 2023, United Healthcare denied the appellant's Level One Appeal for denial of a prior authorization for dental services, specifically dental code D5225 (maxillary partial denture – flexible base) and dental code D5226 (mandibular partial denture-flexible base). (see 130 CMR and Exhibit 1). The appellant filed this Level 2 appeal in a timely manner on May 23, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Denial of a requested service, including the type or level of service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefits by an ACO are valid grounds for appeal before the Board of Hearings. (see 130 CMR 610.032 (B) (2)).

## Action Taken by United HealthCare

United Healthcare denied the appellant's request for prior authorization for dental code D5225 (maxillary partial – flexible base and dental code D5226 (mandibular partial – flexible base).

## Issue

Whether United Healthcare was correct in its denial of the appellant's prior authorization request.

## Summary of Evidence

This matter involved two days of hearing, on the first day of hearing, UHC was represented by Dr. Smith. UHC testified they had denied the prior approval request because the service is not covered by UHC.<sup>1</sup> Dr. Smith represented that even if the service was covered by UHC, the appellant's dentist did not submit x-ray evidence and a narrative was missing.

In response, the appellant's representative testified that she believed the appellant's dentist had in fact submitted x-ray evidence and narrative documentation with the prior authorization request. She asserted that the appellant's dentist had submitted a narrative explaining in detail the appellant's physical handicap which necessitated the use of flexible rather than fixed partial dentures.

A record open period was allowed so that the appellant's representative could obtain and submit the documentation she believed had been submitted by the appellant's dentist to UHC. During this record open period, the appellant's representative was able to obtain and submit documentation that the appellant's provider had submitted to UHC.

Based on the factual discrepancy regarding the submission of x-rays and medical narratives by the appellant's provider, it was determined that a second day of hearing should be held to hear testimony from UHC regarding how prior authorization claims are received and reviewed.

On the second day of hearing, Dr. Smith was joined by Kate Cosseboom and Denise Clemente in offering testimony on behalf of UHC. Ms. Clemente offered testimony regarding the prior authorization process and acknowledged that Dr. Smith was not given full access to the Skygen portal, therefore was unable to see that the appellant's dentist did in fact submit x-ray evidence and narrative evidence with the prior authorization request. Ms. Clemente noted that in the future Dr. Smith would be given greater access to the Skygen system so that he could accurately testify as to what has been submitted by a member's provider when they submit a prior authorization request to UHC.

Ms. Cosseboom testified that while the requested service was not covered, UHC has a flexible benefits program where uncovered services may be covered based on medical necessity after a review by their medical panel.

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<sup>1</sup> This service is also not covered by MassHealth.

In response to Ms. Cosseboom's testimony, the appellant's representative questioned Ms. Cosseboom about the specific process for obtaining coverage under the flexible benefits coverage. Ms. Cosseboom noted that she needed to research that issue and responds. At the conclusion of the second day of hearing, another record open period was granted so that the appellant's representative would be provided the correct information regarding the flexible benefit plan.

Ms. Cosseboom responded during the record open period with general information about the flexible benefits; however, the appellant's representative did not find the response sufficient and this necessitated enlarging the record open period yet again to ensure that the appellant's representative was given the proper instructions on how to obtain the coverage for the contested dental services.

Finally, on September 19, 2023, UHC notified the hearing officer that while they stood by their initial denial of the requested services, they were now approving the contested dental codes consistent with their flexible benefits package. Accordingly, they sent an approval letter for dental codes D5225 and D5226 to the appellant.

The appellant's representative was given until October 3, 2023 to submit a response to UHC's September 19, 2023 representation. No additional documentation was received and the record was closed.

## **Conclusion**

The issue on appeal involved a denial of the appellant's prior authorization request for dental codes D5225 and D5226. On September 19, 2023, UHC notified the hearing officer they had reversed their initial denial and approved the requested services.

The Board of Hearings may dismiss a hearing when they learn of an action of an adjustment or action that resolves all of the issues in dispute between the parties. See 130 CMR 610.035 (8). The underlying issue here was the denial of the requested dental services. Now that the denial has been reversed and the services are approved by UHC, there is no longer an issue in dispute. As the matter has been resolved in favor of the appellant, this appeal is DISMISSED.


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Alexis Demirjian  
Hearing Officer

Board of Hearings

cc:

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

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