

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2308736
Decision Date:	12/6/2023	Hearing Date:	11/02/2023
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for United Healthcare:
Dr. Trevor Smith, DMD, Associate Director for
Dental, Jennifer King, Senior Account Manager;
Natalia Recovets, Advocacy Compliance and
Operations Consultant



*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:	Managed Care Organization; Prior Authorization; Dental
Decision Date:	12/6/2023	Hearing Date:	11/02/2023
United Healthcare Rep.:	Dr. Trevor Smith, et. al.	Appellant's Rep.:	Pro se
Hearing Location:	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 June 16, 2023, UnitedHealthcare Senior Care Options partially denied the appellant's prior authorization request for dental code D2740. *See* Exhibit 5 at 271. The appellant exhausted her internal appeals, which resulted in a final denial on August 22, 2023. *See* Exhibit 1. The appellant filed this appeal to the Board of Hearings in a timely manner on September 22, 2023. *See* 130 CMR 610.015(B) and Exhibit 2. An MCO's decision to provide limited authorization of a requested service is a valid grounds for appeal. *See* 130 CMR 610.032(B)(2).

Action Taken by United Healthcare SCO

United Healthcare partially denied the appellant's prior authorization request for dental code D2740.

Issue

The appeal issue is whether United Healthcare acted within its discretion in denying the appellant's prior authorization request.

Summary of Evidence

The appellant is a MassHealth member over the age of 65 receiving benefits through UnitedHealthcare's Senior Care Options Managed Care Organization. UnitedHealthcare (UHC) was represented by its Associate Director, a licensed dentist, a Senior Account Manager, and an Advocacy Compliance and Operations Consultant. All parties appeared by telephone. The following is a summary of the testimony and evidence provided at hearing.

Some time prior to June 16, 2023, a prior authorization request was submitted on the appellant's behalf by the provider dentist, requesting coverage of service for dental code D2740 for the appellant's teeth 11 and 13. The requested code was for a porcelain and/or ceramic crown. Submitted with the request were several x-rays of the relevant teeth. On June 16, 2023, United Healthcare approved the request for tooth 11 and denied it for tooth 13, stating "This request is not medically necessary. The service is denied. A service to fix a tooth is covered when x-rays sent show a tooth that received nerve treatment is correctly filled. Records sent show the nerve treatment is not correctly filled." Exhibit 5 at 271. The appellant underwent UHC's internal appeals process, which resulted in a final denial on August 22, 2023, with the same reasoning cited. Exhibit 1 at 1.

At hearing, the UHC dentist referenced the appellant's x-rays and noted that both teeth 11 and 13 have had posts inserted. He reported that in order for a post to be put into a tooth, a root canal is required in order to ensure the tooth and root do not decay and risk infection. He explained that the x-rays clearly show that tooth 11 received a root canal, which can be evidenced by the triangular discoloration leading down the root of the tooth. His testimony is that he can see no such discoloration for tooth 13, which suggests that a root canal has not been conducted on that tooth. The UHC dentist reported that standard of care for a tooth to receive a crown with a post would be to first conduct a root canal, or risk serious health concerns with the tooth. He explained that this is why UHC approved code D2740 for tooth 11 but not for tooth 13, as the medical necessity requirements were not met for tooth 13. When asked about the MassHealth requirements for the requested code, the UHC dentist interpreted them to mean that, although MassHealth does not require prior authorization, they do still require "pre-treatment film," which would mean x-rays, to establish medical necessity.

The appellant's submission included a narrative from her provider dentist, which states the following:

Bridge was removed from abutment teeth # 11 + 13. Patient needs bridge removed due to decay under bridge, and due to no coverage from insurance for bridges, crowns on #11 + 13 are medically necessary because teeth are now open + exposed as abutment crowns were removed. Removal of post w/#13 to retreat RCT poses a higher risk of tooth failure than crown placement

alone. Tooth does not cause discomfort to pt. Please reconsider coverage.

Exhibit 5. at 296. The appellant testified that she believes she has had the posts since 2007.

Findings of Fact

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

1. The appellant is a MassHealth member over the age of 65 receiving benefits through UnitedHealthcare's Senior Care Options Managed Care Organization. Exhibit 4, Testimony.
2. On June 16, 2023, UHC approved the appellant's prior authorization request for dental code D2740 for tooth 11, but denied it for tooth 13, finding that the appellant did not meet the medical necessity requirements for tooth 13. Exhibit 5 at 270-271.
3. The appellant underwent UHC's internal appeals process, which resulted in a final denial of coverage for tooth 13 on August 22, 2023. Exhibit 1.
4. The appellant filed a timely notice of appeal to the Board of Hearings on September 22, 2023. Exhibit 2.
5. The appellant's x-rays show that she has received a post for tooth 13, but do not indicate that she has received a root canal for that tooth. Testimony, Exhibit 5 at 299.
6. Standard of care requires a root canal prior to inserting a crown with a post into a tooth. Testimony. Failure to do so could result in decay of the tooth and/or risks infection. Testimony.

Analysis and Conclusions of Law

MassHealth has contracted with individual private insurance companies, referred to as managed care organizations (MCOs), to deliver care to relevant members under the regulations. See 130 CMR 508.000. One such type of MCO is a senior care organization (SCO), designed to manage the care of certain MassHealth members over the age of 65. *Id.* at 508.008. Massachusetts law defines an SCO as "a comprehensive network of medical, health care, and social service providers that integrates all components of care, either directly or through subcontracts." M.G.L. ch. 118E § 9D(a). Further, "SCOs will be responsible for providing enrollees with the full continuum of Medicare and MassHealth covered services." *Id.* The MassHealth regulations establish the member selection process for SCOs at 130 C.M.R. 508.008.

An SCO has specific statutory and regulatory requirements by which it must abide regarding the scope of its coverage. "[T]he amount, duration, and scope of Medicaid-covered services shall be at

a minimum no more restrictive than the scope of services provided under MassHealth standard coverage.” M.G.L. ch. 118E § 9D(d). In essence, the SCO must provide everything under the MassHealth regulations and may have services or coverage that range beyond the scope of those provided by MassHealth. Typically, “[a]ll medical services to members enrolled in an MCO...are subject to the prior authorization and referral requirements of the MCO.” 130 CMR 508.004(2).

MassHealth regulations apply to SCOs and provide that “[m]embers are entitled to a fair hearing under 130 CMR 610.00: MassHealth Fair Hearing Rules to appeal...a determination by...one of the...SCOs...if the member has exhausted all remedies available through the contractor’s internal appeals process.” 130 CMR 508.010(B). The appellant has the burden of proof at such a hearing “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.” 130 CMR 610.082(A) and (B).

MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. 130 CMR 420.410(A)(1). A service is "medically necessary" if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to MassHealth.

130 CMR 450.204(A). Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420.000 and within the MassHealth *Dental Manual*.

With respect to the requested dental code, Appendix B of the United Healthcare Dental Provider Manual indicates that code D2740 is covered by the appellant’s UHC plan, subject to prior authorization, and requires an x-ray of the tooth to establish medical necessity. See Exhibit 5 at 38. As MassHealth also covers this code, MassHealth guidelines are further controlling. See, MassHealth *Dental Manual* at Subchapter 6: Dental Codes at 6-6. According to the *Dental Manual*, MassHealth does not require prior authorization for code D2740, but does require that the member “maintain pre-treatment and post-treatment film of the tooth,” which the UHC representative credibly testified means the member must submit x-rays of the requested tooth to establish medical necessity for coverage. *Id.*

After reviewing the evidence, I find that the appellant has not met her burden of proof that UHC erred in determining that she did not meet the medical necessity requirements coverage of code D2470 for tooth 13. The UHC representative credibly testified that placing a porcelain crown on appellant's tooth 13 would be contrary to standard of care and explained the distinction between the approved tooth and denied tooth using the appellant's x-ray. It was clear that tooth 11 properly received a root canal, while no root canal could be seen in the x-ray for tooth 13. I do not credit the narrative provided by the appellant's provider, as it incorrectly states that bridges are not a covered service. I credit the sworn testimony of the UHC representative that failure to conduct a root canal on appellant's tooth 13 would put the tooth more at risk than placing a crown without a root canal. The appellant has provided no credible evidence to establish that the requested service meets the medical necessity requirements under both UHC guidelines and the MassHealth regulations.

For the foregoing reasons, the appeal is hereby 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 Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Mariah Burns
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