

# Office of Medicaid BOARD OF HEARINGS

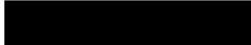
**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed in part; Denied in part	<b>Appeal Number:</b>	2405611
<b>Decision Date:</b>	7/3/2024	<b>Hearing Date:</b>	05/23/2024
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	

**Appearance for Appellant:**

Pro se



**Appearance for Respondent:**

Dr. Trevor Smith, DMD

Jennifer Castonguay, Senior Account Manager

Natalia Recovets, Advocacy Compliance and  
Operations Consultant

**Interpreter:**



*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 in part; Denied in part	<b>Issue:</b>	Dental Services
<b>Decision Date:</b>	7/3/2024	<b>Hearing Date:</b>	05/23/2024
<b>Respondent's Rep.:</b>	Dr. Trevor Smith; Jennifer Castonguay; Natalia Recovets	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<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 March 7, 2024, United Healthcare (UHC) denied appellant's application for prior authorization request for partial denture replacements for codes D5213 and D5214. (Ex. 1). The appellant filed this appeal in a timely manner on April 5, 2024. (Ex. 2). Denial of assistance is valid grounds for appeal. (see 130 CMR 610.032).

### Action Taken by Respondent

UHC denied appellant's request for replacement partial upper and lower dentures.

### Issue

Was UHC correct in denying appellant's request for replacement partial upper and lower dentures.

### Summary of Evidence

Appellant represented himself but was accompanied by his niece. Both appeared at the hearing by telephone. UHC was represented by Dr. Trevor Smith, Associate Director, Jennifer Castonguay, Senior Account Manager and Natalia Recovets, Advocacy Compliance and Operations Consultant. All appeared by phone. The hearing began, all were sworn and evidence was marked. Dr. Smith stated the following. Appellant was appealing the denial of his prior authorization request for dental codes D5213 and D5214, partial upper and lower dentures. (Testimony; Ex. 1). He stated the request was denied because of a benefit limitation because the procedure is only allowed once every 5 years per the Dental Provider Manual. (Testimony; Ex. 4, p. 50). The doctor stated appellant received his partial dentures on July 2, 2020 and is not eligible again until July 2025. (Testimony). Ms. Castonguay stated she was unaware to any exceptions to the benefit limitation. (Testimony).

Appellant had no questions for the UHC representatives. Appellant testified he was only seeking a replacement for his partial lower denture, not the upper partial denture. The parties stipulated appellant was only appealing the denial for dental code D5214, lower partial denture. Therefore, the part of the appeal indicating D5213, upper partial denture, is dismissed. Appellant stated in early [REDACTED] he fell and hit his mouth on the top of a chair. He snapped the lower partial denture and was told it could not be fixed. He stated he was at a restaurant at some point after this and he began to choke. Someone provided the Heimlich maneuver and he was taken to the hospital. He stated he has only 1 tooth on the bottom where the denture was located.

## Findings of Fact

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

1. Appellant is a MassHealth member in his [REDACTED]s. (Ex. 7).
2. On March 7, 2024, UHC denied appellant's appeal for prior authorization for replacement of partial upper and lower dentures due to benefit limitations. (Testimony: Ex. 1).
3. Appellant initially received his partial dentures on July 2, 2020 and is not eligible again until July 2025. (Testimony; Ex. 4, p. 50).
4. Appellant was appealing the denial of his prior authorization request for dental code D5214, partial lower dentures. (Testimony; Ex. 1).
5. Appellant was not appealing dental code D5213 for a partial upper denture. (Appellant Testimony). The parties stipulated appellant was not appealing dental code D5213, upper partial denture. (Testimony).

## Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." [REDACTED] v. Division of Medical Assistance, [REDACTED]. Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." [REDACTED]

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.

(130 CMR 508.008(C)).

Senior Care Organization (SCO) – a managed care organization that participates in MassHealth under a contract with the MassHealth agency to provide coordinated care and medical services through a comprehensive network to eligible members [REDACTED] years of age or older. SCOs are responsible for providing enrolled members with the full continuum of Medicare- and MassHealth-covered services.

(130 CMR 610.004).

Members enrolled in a managed care contractor have a right to request a fair hearing for any of the following actions or inactions by the managed care contractor, provided the member has exhausted all remedies available through the managed care contractor's internal appeals process (except where a member is notified by the managed care contractor that exhaustion is unnecessary):...

(2) a decision to deny or provide limited authorization 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 benefit;

(130 CMR 610.032(B)(2)).

The appellant exhausted the internal appeal process offered through UHC, and thus is entitled to a fair hearing pursuant to the above regulations. As MassHealth's agent, UHC is required to follow MassHealth laws and regulations pertaining to a member's care.

The requested services must also be medically necessary for prior authorization to be approved. MassHealth will not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an

inpatient facility where such service or admission is not medically necessary.

(A) A service is “medically necessary” if:

- 1) it is reasonably calculated to prevent, diagnose, prevent 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. Services that are less costly to MassHealth include, but are not limited to, health care reasonably known by the provider or identified by MassHealth pursuant to a prior authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to MassHealth upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

(130 CMR 450.204(A), (B), (C)).

As an initial matter, the parties stipulate appellant is not appealing dental code D5213, partial upper denture. Therefore, this part of the appeal is dismissed.

Appellant received his partial lower dentures in July 2020. Pursuant to the Dental Provider Manual, UHC can only approve new partial dentures once every 5 years. Since it has not been 5 years since appellant received his partial dentures, the decision by UHC is correct.

Appellant raises a medical necessity argument. In support of his argument, he offered a letter from his doctor. Contrary to the doctor’s letter, appellant never testified at hearing that he was experiencing pain. He stated he only had one tooth remaining on the bottom side where the partial denture had been located and it was difficult for him to chew having only the one tooth on that side. A service is medically necessary if 1) it is reasonably calculated to prevent, diagnose, prevent 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. It is unfortunate for appellant that his chewing ability is limited, but he has the option of grinding up his food or choosing softer foods to ingest. I do not find a medical necessity in this case.

I find appellant has not met his burden and for the above reasons, the appeal is denied.

## **Order for Respondent**

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.

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Thomas Doyle  
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