

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2414065
Decision Date:	1/13/2025	Hearing Date:	10/24/2024
Hearing Officer:	Casey Groff	Record Closed	12/16/2024

Appearance for Appellant:



Appearances for SCO:

Dr. Trevor H Smith, D.M.D., Assoc. Dental Director;
Jennifer Castonguay, Sr. Account Manager
Natalia Recovets, Compliance & Operations Consultant

***All from United HealthCare*

Interpreter: Spanish



*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:	Approved	Issue:	SCO; Dental Services; Dentures
Decision Date:	1/13/2025	Hearing Date:	10/24/2024
SCO Reps.:	Dr. Trevor H Smith, D.M.D.; Jennifer L Castonguay; Natalia Recovets	Appellant's Reps.:	<i>Pro se</i> ; Niece
Hearing Location:	Board of Hearings, 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 an internal appeal determination notice dated 8/29/24, United Healthcare (UHC), a Senior Care Options (SCO) program and contracted managed care provider with MassHealth, informed Appellant that it was upholding its denial of requested dental services, i.e., replacement of partial removable lower denture. *See* Exh. 2. On 9/6/24, Appellant appealed the adverse determination to the Board of Hearings in a timely manner. *See* 130 CMR 610.015(B) and Exhibit 1. Denial of assistance is valid grounds for appeal.¹ *See* 130 CMR 610.032(B). The record was extended through 12/26/24 for Appellant to submit additional evidence. *See* Exh. 6.

¹ Fair Hearing regulations at 130 CMR 610.032(B) set forth the grounds under which a MassHealth beneficiary and enrollee of a Managed Care Contractor (MCC), such as a SCO, may appeal an adverse MCC coverage determination to the Board of Hearings. Grounds for appeal include, but are not limited to, the MCC's failure to provide services in a timely manner, a decision to deny or provide limited authorization of a requested service; and a decision to reduce, suspend or terminate a previous authorization for a service. *Id.* The enrollee must first exhaust all opportunities to remedy the adverse determination through the MCC's internal appeal process before it may appeal to the Board of Hearings. *See* M.G.L. c. 118E § 48; *see also*, 130 CMR §§ 610.002, 610.032(B) and 130 CMR 508.010(B).

Action Taken by SCO

Pursuant to an internal level 1 appeal, UHC upheld its initial determination to deny Appellant's request for replacement of a maxillary partial denture on the basis that he exceeded the benefit limit for the allowable period.

Issue

The appeal issue is whether UHC, in its capacity as a SCO managed care program with MassHealth, erred in denying Appellant's prior authorization request for a partial maxillary denture due to having exceeded the benefit limit for the allowable period.

Summary of Evidence

Appearing on behalf of Respondent was the senior account manager and the associate dental director for United Health Care (UHC). UHC is a managed care entity that contracts with MassHealth to manage Medicaid members' MassHealth and Medicare benefits through its Senior Care Options (SCO) program. Through testimony and documentary evidence, the UHC representatives presented the following: Appellant is an adult male over the age of 65 and enrolled in the UHC SCO program. On 8/1/24, UHC received a prior authorization request on behalf of Appellant by his dental provider, [REDACTED] seeking coverage for service code D5213/*Maxillary partial denture – cast metal framework with resin denture basis*.² See Exh. 2; Exh. 5.

On 8/2/24, UHC denied the request because Appellant had already exceeded the maximum count allowed per period for each service. See Exh. 2; Exh. 5. On 8/8/24, Appellant filed an internal appeal of the 8/2/24 coverage determination. On 8/29/24, pursuant to an internal level 1 appeal review, UHC upheld its decision to deny the requested service. See Exh. 5, p. 281. The UHC representatives testified that the determination was made pursuant to its SCO Dental Provider Manual Benefit Handbook and its Evidence of Coverage for 2024. Exh. 5, pp. 3-269. Pursuant to Appendix B of the Dental Manual, pertaining to member benefits, exclusions and limitations, UHC will cover partial dentures, including service code D5213 *maxillary partial denture* once per 60 months. *Id.* at 45. Under Appendix C of the Dental Manual, authorization for partial dentures, including procedure code D5213, is subject to the following criteria:

² The 8/1/24 prior authorization request also sought coverage for 2 units of service code service code D2330/*Resin-Based Composite – One Surface, Anterior* (Teeth #6 and #11). These services were also denied by UHC due to coverage limits of one service per tooth per year. UHC indicated that it had authorized payment for these services on 7/31/24 (the day before it received the prior authorization), thus indicating this was likely a duplicative request. At hearing, Appellant's representative testified that she was not disputing the denial of procedure code D2330 (x2), as this issue had since resolved. Therefore, this decision addresses the sole issue in dispute, which concerns UHC's denial of the maxillary partial denture.

- Replacing one or more anterior teeth
- Replacing two or more posterior teeth (excluding 3rd molars)
- ***Existing partial denture greater than 5 years old and unserviceable***
- For D5213, D5214 Remaining teeth have greater than 50% bone support and are restorable

....³

See Exh. 5, p. 55 (emphasis added).

At hearing, the UHC representatives testified that authorization for this code was last approved, and paid, by the plan on 7/13/22. Because the service is limited to one time per member per 60 months, Appellant is not eligible for coverage under this code until 7/13/27. The UHC representatives testified that UHC does not make exceptions for the replacement of removable dentures when less than five years has elapsed.

Appellant and his niece (“Appellant’s representative”) appeared at the hearing by telephone and testified that Appellant had originally received an initial partial denture through his former dental provider in 2022. The provider had him come into the office for initial fittings and moldings several times. Appellant felt that the denture never fit well, but ultimately the provider told him to take them home and could return if an adjustment was needed. When Appellant tried to wear the denture at home, they were “useless” and would constantly “fall out.” For the year following insertion, Appellant returned to the dentist multiple times to have them fixed. Each time the dentist would file them and try to adjust them, but he was unsuccessful in his efforts. Appellant’s representative testified that. “it was as if he [the provider] molded the dentures for a different patient” given how ill-fitting they were. She testified that the provider shaved the denture down so much that there was nothing left to shave and that they broke.

Appellant’s representative testified that for nearly three years, Appellant has been unable to eat. He has some remaining teeth but not enough to be able to chew. He has become extremely sick over the last few years due to nutritional deficiency and inability to swallow solid foods. In addition, his gums began deteriorating due to the loss in strength, which “caused a mess.”

In January of 2024, Appellant found a new dentist through [REDACTED]. At the initial appointment with the new provider, there was an effort to work with the existing denture to see if it could be rebuilt. Ultimately, the provider indicated that there was nothing they could do to fix the existing denture. It was at this point that the new dentist submitted the PA request for the replacement denture. In addition, the new provider fixed the issue with Appellant’s gums and cured an abscess that had developed.

³ The remaining criteria are only applicable to codes for D5211, D5212, D5225, D5226. *Id.*

Appellant's niece testified that when the previous dentist refused further treatment for Appellant, they asked for a refund so they could pay for dentures through the new dental office. Initially, the dentist agreed, but never followed through in giving a refund and has since been unreachable. Appellant's niece also testified that she placed a provider complaint through UHC, but nothing came from it. She testified that they have no recourse, and that Appellant is too frail to wait another 2-3 years before he can get a replacement denture.

In response, the UHC associate dental direct testified that if service limitations were not an issue in this case, there is no indication, from the documentation in the record, to indicate UHC would have denied the treatment on a separate basis (e.g., evidence of active decay or insufficient teeth to anchor the denture).

On review, the UHC representatives confirmed that Appellant's previous dentist had billed, and was paid, for reline adjustment services on behalf of Appellant following insertion of the denture in July of 2022. They explained that while medically necessary adjustment services are a covered benefit within the 5 years following a denture placement, UHC does not have any exception that would permit the actual denture to be replaced until the service limitation period has elapsed.

Findings of Fact

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

1. Appellant is an adult male over the age of 65 and enrolled in the UHC SCO program.
2. On 8/1/24, UHC received a PA request on behalf of Appellant by his dental provider seeking coverage for service code D5213/*Maxillary partial denture*
3. On 8/2/24, UHC denied the request because Appellant had already exceeded the maximum count allowed per-period for each service.
4. On 8/8/24, Appellant filed an internal appeal of the 8/2/24 coverage determination.
5. On 8/29/24, pursuant to an internal level 1 appeal review, UHC upheld its decision to deny the requested service due to having been last approved for the requested treatment on 7/13/22.
6. Appellant's initial denture is currently, and has been, unusable by Appellant.
7. Following the insertion of the denture, Appellant's then-provider made efforts to adjust and reline the denture, but all efforts were unsuccessful.

8. UHC paid for the relining and adjustment services rendered by Appellant's former dental provider.
9. When Appellant sought a new dental provider, efforts were made by the provider to rebuild the existing denture, however, it could not be made serviceable, prompting the provider to submit a PA request for a replacement denture.
10. Because Appellant has not had a usable partial upper denture, he has been unable to eat solid foods and this has been detrimental to his health.

Analysis and Conclusions of Law

This appeal addresses whether UHC appropriately denied Appellant's request for a replacement maxillary partial denture under procedure code D5213. Appellant is a MassHealth and Medicare ("dual eligible") member enrolled in UHC's Senior Care Options (SCO) program. Under its contracts with state and federal agencies, UHC, in its capacity as a SCO, is responsible for providing enrolled members with the full continuum of health services covered under their Medicaid and Medicare benefits. See M.G.L. c. 118E, § 9D(a); 130 CMR 610.004; 130 CMR 450.105. The SCO must ensure that the "duration and scope of Medicaid-covered services [available to its members] shall be *at a minimum no more restrictive than the scope of services provided under MassHealth standard coverage...*" *Id.* As such, UHC must cover all medically necessary services covered under MassHealth dental regulations at 130 CMR §§ 420.000 and 450.000 and as listed in Subchapter 6 of the MassHealth *Dental Manual*. See 130 CMR 420.421(A).

With respect to coverage of removable prosthodontics MassHealth regulations provide the following:

(A) General Conditions. ***The MassHealth agency pays for dentures services once per seven calendar years per member...*** MassHealth payment includes all services associated with the fabrication and delivery process, including all adjustments necessary in the six months following insertion. ***The member is responsible for all denture care and maintenance following insertion...***

...

(F) Replacement of Dentures. ***The MassHealth agency pays for the necessary replacement of dentures.*** The member is responsible for denture care and maintenance. The member, or persons responsible for the member's custodial care, must take all possible steps to prevent the loss of the member's dentures. The provider must inform the member of the MassHealth agency's policy on replacing dentures and the member's responsibility for denture care. ***The MassHealth agency does not pay for the replacement of dentures if the member's denture history reveals any of the following:***

- (1) repair or reline will make the existing denture usable;
- (2) any of the dentures made previously have been unsatisfactory due to physiological causes that cannot be remedied;
- (3) a clinical evaluation suggests that the member will not adapt satisfactorily to the new denture;
- (4) no medical or surgical condition in the member necessitates a change in the denture or a requirement for a new denture;
- (5) the existing denture is less than seven years old and no other condition in this list applies;**
- (6) the denture has been relined within the previous two years, unless the existing denture is at least seven years old;
- (7) there has been marked physiological change in the member's oral cavity, any further reline has a poor prognosis for success; or
- (8) the loss of the denture was not due to extraordinary circumstances such as a fire in the home.

130 CMR 420.428 (emphases added).

In its contract with the Executive Office of Health and Human Services (EOHHS), UHC has discretion to issue its own criteria for coverage and medical necessity guidelines, so long as it allows for the provision of all covered services "in an amount, duration, type, frequency and scope that is no less than the amount, duration, type, frequency, and scope for the same services provided under MassHealth fee for service." See Third Amended and Restated SCO Contract by and between EOHHS and UHC, § 2.6(A)(4), p. 58.⁴ Pursuant to its Dental Provider Manual, UHC will cover partial dentures for SCO members where the "existing partial denture [is] greater than 5 years old and unserviceable." See Exh. 5., p. 55. As such, UHC offers a more favorable 5-year coverage limitation period to its enrollees than the 7-year limit imposed under MassHealth regulations. However, unlike the MassHealth regulatory provisions above, UHC does not explicitly allow for any exception to the coverage limitation period.

Here, it is undisputed that Appellant's dentures do not meet the 5-year and 7-year coverage limitation periods imposed, respectively, by UHC and MassHealth. The evidence shows, however, that the existing dentures cannot be made usable through repair or reline. See 130 CMR 420.428(F)(1). Additionally, there is no evidence that any other condition listed under 130 CMR 420.428 applies. Therefore, Appellant provided sufficient evidence to demonstrate that the replacement of his partial maxillary denture is medically necessary and falls under the exception to the rule barring payment for denture replacement within the designated service limitation period. See 130 CMR 420.428(F).

⁴ A copy of this contract is publicly available at:
<https://www.mass.gov/doc/3rd-amended-and-restated-sco-contract-unitedhealthcare/download>

Based on the foregoing, this appeal is APPROVED.

Order for SCO

With respect to Appellant's request for coverage of D5213, *maxillary partial denture*, rescind denial of coverage dated 8/2/24 as upheld via UHC internal appeal dated 8/29/24. Authorize requested treatment.

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.

Casey Groff
Hearing Officer
Board of Hearings

MassHealth Representative: United Healthcare SCO, Attn: Susan Coutinho McAllister, MD, LTC
Medical Director, 1325 Boylston Street, 11th Floor, Boston, MA 02215