

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2418069
Decision Date:	1/28/2025	Hearing Date:	01/14/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:
In-Person at Tewksbury MEC:



Appearances for United Healthcare SCO:
Via Teams Videoconference:
Dr. Trevor Smith, DMD, Assoc. Dir.
Jennifer Castonguay, Sr. Acct. Mgr.
Natalia Recovets, Compliance & 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:	SCO; Prior Authorization; Dental
Decision Date:	1/28/2025	Hearing Date:	01/14/2025
SCO's Reps.:	Dr. Trevor Smith; Jennifer Castonguay; Natalia Recovets	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 November 7, 2024, United Healthcare Senior Care Options (United), a MassHealth-contracted Senior Care Organization (SCO), notified the appellant that it denied her Level 1 appeal regarding the Cone Beam – Less Than One Whole Jaw (service code D0364) because it is not a covered service and code (Exhibit 1). The appellant filed this external appeal of a final decision of an SCO in a timely manner on November 25, 2024 (130 CMR 610.018; Exhibit 2). A SCO's decision to deny authorization of a requested service is grounds for appeal. 130 CMR 610.032(B).

Action Taken by SCO

The MassHealth-contracted SCO, United, denied the appellant's prior authorization request for Cone Beam – Less Than One Whole Jaw (service code D0364).

Issue

The appeal issue is whether United was correct in denying the appellant's prior authorization request for Cone Beam – Less Than One Whole Jaw (service code D0364).

Summary of Evidence

The appellant appeared at the Tewksbury MassHealth Enrollment Center (MEC) in-person. The United representatives appeared at hearing via Teams videoconference and testified as follows: the appellant, who is a MassHealth member over the age of 65, is enrolled in United Healthcare Senior Care Options (HMO SNP). On September 3, 2024, United issued an initial denial of the appellant's prior authorization request for Cone Beam – Less Than One Whole Jaw (service code D0364) because it is not a covered code and service. On November 4, 2024, the appellant filed a Level 1 appeal with United who performed a review of the case and upheld its initial decision. On November 7, 2024, United issued a notice of the Level 1 appeal denial informing the appellant that the service and code are not covered under her benefit plan. This is the notice under appeal. The United representatives explained that per MassHealth regulations, United covers everything that is required and covered by MassHealth. Cone Beam – Less Than One Whole Jaw (service code D0364) is not covered by MassHealth and it is not listed as a covered service in the United Healthcare Senior Care Options Dental Provider Manual.

The appellant explained that previously, a dentist put a cap on a sensitive tooth and she thinks it should have been a root canal before he put the cap on. She testified that she has been experiencing tooth pain since August. Her dentist referred her to an endodontist who requested the cone-beam computed tomography (CBCT) because, per a letter from the endodontist dated September 16, 2024, it "is medically necessary to determine a definitive diagnosis for the patient's symptoms." The appellant argued it is more accurate than an x-ray and would show which tooth and nerve is affected and if there is an infection present. She has been dealing with a lot and the CBCT will provide clarity as to where the problem is. In addition to the endodontist, she stated that her PCP's office also agrees that the CBCT is medically necessary. She argued that the United Senior Care Options 2025 Summary of Benefits covers "Restorative and emergency dental care" and that is exactly what she is seeking. Additionally, she expressed frustration and difficulty with United's appeal process. She stated that there were wrong fax numbers provided and it was difficult to figure out the process.

██████ explained that other imaging, such as panoramic, bitewing, and periapical radiographs, are covered by her plan. Her provider can diagnose the issue using other clinical testing, including bite testing, percussion testing, and cold testing, in conjunction with periapical x-rays, which would look directly at the root of the tooth. He stated that in ten years of clinical practice, he has never needed a cone beam to evaluate or diagnose a root canal or other similar issue. If the problem did not appear in the initial x-rays, often delaying one to two

weeks and then repeating the testing gives the provider an opportunity to reevaluate the tooth. He acknowledged the letters from the appellant's endodontist and primary care physician's office which both state that the cone-beam is medically necessary; however, that is their opinion and not supported clinically. Furthermore, Cone Beam – Less Than One Whole Jaw (service code D0364) is not a covered code and there are other covered services available to diagnose the issue.

Findings of Fact

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

1. On September 3, 2024, United issued an initial denial of the appellant's prior authorization request for Cone Beam – Less Than One Whole Jaw (service code D0364) because it is not a covered service and code (Testimony and Exhibit 5 at 271).
2. On November 4, 2024, the appellant filed a timely Level 1 appeal with United (Testimony).
3. United performed a review of the case and upheld the initial decision (Testimony and Exhibits 1 and 5).
4. On November 7, 2024, United issued a notice of the Level 1 appeal denial, informing the appellant that the prior authorization request was denied because Cone Beam – Less Than One Whole Jaw (service code D0364) is not a covered service and code (Testimony and Exhibits 1 and 5).
5. On November 25, 2024, the appellant filed a timely appeal of the November 7, 2024 denial (Exhibit 2).
6. Cone Beam – Less Than One Whole Jaw (service code D0364) is not a covered service and code pursuant to the United Healthcare Senior Care Options Dental Provider Manual and MassHealth (Testimony and Exhibit 5).

Analysis and Conclusions of Law

A Senior Care Organization (SCO) is a managed care organization (MCO) 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 65 years of age or older. (130 CMR 450.101). As a MassHealth SCO, United

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 specialty, behavioral health, and long-term services and supports.

(130 CMR 508.008(C)).

United is “responsible for providing enrolled members with the full continuum of MassHealth covered services, and for dual eligible members, the full continuum of MassHealth and Medicare covered services.” (130 CMR 450.101). Those services include dental services, which are governed by the regulations at 130 CMR 420.000.

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 the MassHealth agency....

(130 CMR 450.204(A)).

MassHealth dental provider regulations at 130 CMR 420.421(B) address non-covered services as follows:

The MassHealth agency does not pay for the following services for any member, except when MassHealth determines the service to be medically necessary **and** the member is under age 21. Prior authorization must be submitted for any medically necessary noncovered services for members under age 21.

- (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 impressions);
(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*.¹
(Emphasis added).

The appellant referenced page 22 of the UHC Senior Care Options 2025 Summary of Benefits, which she provided in her pre-hearing submission (Exhibit 6), and argued that “Restorative and emergency dental care” is covered pursuant to the Summary of Benefits. However, in the same table on the same page, under the column titled “Limitations, exceptions, and benefit information (rules about benefits) – services must be medically necessary,” the Summary of Benefits states that “Your provider may need to obtain prior authorization for” restorative and emergency dental care. Here, her provider sought prior authorization, but prior authorization was denied because it is not a covered service.

Additionally, the appellant argued that the cone beam was medically necessary to diagnose her condition. She pointed to letters from her endodontist and primary care physician’s office. As a non-covered service MassHealth will not pay for Cone Beam – Less than One Whole Jaw (service code D0364). The exception is when MassHealth determines the non-covered service to be **BOTH** medically necessary **AND** the member is under age 21. See 130 CMR 420.421(B). Here, the member is over the age of 21. Thus, the medical necessity argument is irrelevant for such a non-covered service.

The appellant has the burden of proof “to demonstrate the invalidity of the administrative determination.” See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2007). Moreover, “[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings.” Craven v. State Ethics Comm’n, 390 Mass. 191, 200 (1983).

¹ Code D0364, Cone Beam – Less Than One Whole Jaw is not listed in Subchapter 6 of the Dental Manual.

Neither MassHealth regulations nor the United Healthcare Senior Care Options Dental Provider Manual authorize coverage for Cone Beam – Less Than One Whole Jaw (service code D0364). While the appellant's testimony was credible, she has not met her burden of proof by a preponderance of the evidence that United's determination was incorrect.

Accordingly, United's denial was consistent with its guidelines and MassHealth regulations. For these reasons, the decision made by United was correct and the appeal is denied.

Order for SCO/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.

Alexandra Shube
Hearing Officer
Board of Hearings

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