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STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

J.A.,	:	
PETITIONER,	:	**ADMINISTRATIVE ACTION**
v.	:	**FINAL AGENCY DECISION**
WELLPOINT,	:	**OAL DKT. NO. HMA 07375-2024**
RESPONDENT.	:	

As Assistant Commissioner for the Division of Medical Assistance and Health Services (DMAHS), I have reviewed the record in this case, including the Initial Decision and the Office of Administrative Law (OAL) case file. No exceptions were filed in this matter. Procedurally, the time period for the Agency Head to render a Final Agency Decision is May 1, 2025, in accordance with an Order of Extension.

This matter concerns the determination by Wellpoint that Petitioner was not eligible to receive partial dentures replacing several of their upper teeth. The Initial Decision upholds the denial, and for the reasons set forth therein, I concur with that determination.

Medicaid regulations only cover medically necessary dental services, and N.J.A.C. 10:56-2.13(a)1 and 2, concerning Prosthodontic services provides:

> (a) Removable prosthodontic services shall be provided as follows:
> 1. Dentures, both partial and complete, may be prior authorized when

submitted evidence indicates masticatory deficiencies likely to impair the general health of the beneficiary. Prefabricated dentures or dentures that are temporary in nature shall not be reimbursable. When submitting a Dental Claim Form (MC-10) for reimbursement of approved complete or partial dentures, the date of service used shall be the date of insertion of the denture(s).

2. The following factors should also be considered when requesting prior authorization for dentures (including immediate dentures);
i. Age, school status, employment status and rehabilitative potential of the beneficiary (for example, provision of dentures will enhance vocational placement);
ii. Medical status of beneficiary (nature and severity of disease or impairment) and psychological predisposition;
iii. Condition of the oral cavity, including abnormal soft tissue or osseous conditions;
iv. Condition of present dentures, if applicable.

The State Medicaid Guidelines for dental treatment or service plans under N.J.A.C. 10:56-2.1 provides:

(a) In accordance with good dental practice, a plan of treatment or services shall be developed and described for each Medicaid/NJ FamilyCare patient on the Dental Claim Form (MC-10) following a comprehensive evaluation. If no treatment is necessary, this fact shall be entered on the Dental Claim Form (MC-10) under Remarks (Item 20). (No Other Treatment Necessary or NOTN).

(b) Any dental treatment plan, including those not requiring prior authorization, may be reviewed by dental consultants of the New Jersey Medicaid/NJ FamilyCare program.

(c) In those instances where prior authorization is necessary, the two page prior authorization documents, that is, the Dental Prior Authorization Form MC-10(A) and the Dental Claim Form MC-10, shall be submitted along with the treatment plan and any additional documentation or radiographs appropriate to the request. A Division dental consultant may modify or deny the provider's treatment plan in accordance with the requirements of the New Jersey Medicaid/NJ FamilyCare fee-for-service programs, as specified in this chapter. Such modifications or denials are designed to provide dental treatment to the beneficiary that is adequate for the correction of the problem, that can be expected to last for the longest period of time, and represents, in the opinion of the dental consultants), the most judicious application of Medicaid/NJFamilyCare fee for service reimbursement. If in the professional judgment of the provider such modification is not appropriate, the dentist may request another review by the Division dental consultant. A further review in the

Bureau of Dental Services may be requested through the Division dental consultant.

(d) In any dental treatment or services plan, the dentist shall discuss the proposed treatment plan and receive approval from the beneficiary and/or family member/guardian before submission for authorization and again after authorization is received and prior to initiation of treatment. It is suggested that the provider have the beneficiary sign the office records or a separate statement that the treatment plan meets with their approval, since no alteration of the treatment plan
will be reimbursed based on the subsequent rejection of all or part of that treatment plan by the beneficiary or family member/guardian.

(e) Consideration for development of a dental treatment plan shall be based upon the least costly treatment fulfilling the requirements of the specific situation. On the basis of post-utilization review, any dental treatment plan, including those not requiring prior authorization, may be reviewed by Division dental consultants to determine appropriateness of treatment. If the treatment is not appropriate, the payment shall be recovered.

(f) If, in the opinion of a dentist, the beneficiary requires the services of a specialist, the dentist shall note the name of the practitioner to whom the beneficiary is being referred on the Dental Claim Form (MC-10) under remarks (Item 20). The specialist shall note the name and Medicaid/NJ FamilyCare Provider Service Number of the referring dentist on the Dental Claim Form (MC-10) in section 14, which is designated as Referring Practitioner.

In April 2024, the Petitioner's dental provider, Bergen Dental Group, submitted a claim to Wellpoint for a Partial Mandibular Plate (Partial Lower Denture), ADA Code D5214, and a Partial Maxillary Plate (Partial Upper Denture), ADA Code 05213. The Mandibular Plate was approved by Wellpoint, but the Maxillary Plate was denied resulting from lack of Occlusion. ID at 4. On May 5, 2024, the Petitioner filed a fair hearing appeal of Wellpoint's denial. In so doing, the Petitioner requested that continuation of their Medicaid benefits. Id. at 2. A zoom hearing was then scheduled and held on December 3, 2024 and December 11, 2024. Id. at 3. Following the hearing of December 3, 2024, the OAL became aware that the Petitioner's Medicaid benefits had been terminated on February

2024, for being over income. The Petitioner elected to appeal the termination by filing a Medicaid Fair Hearing and chose continued benefits pending the outcome of the hearing. The decision to terminate the Petitioner's Medicaid benefits was eventually upheld by DMAHS and on September 30, 2024, the Petitioner was no longer receiving Medicaid benefits. Ibid. As a result of the Petitioner no longer receiving Medicaid benefits effective September 30, 2024, the Administrative Law Judge (ALJ) addressed the issue if the Petitioner could proceed with the underlying fair hearing in this matter. This was addressed by way of memorandum dated December 4, 2024 (J-1). The ALJ concluded that since the Petitioner was no longer Medicaid eligible, Wellpoint as the managed care organization (MCO) will not be able to provide any services to the Petitioner regardless of whether they was entitled to services at the time Wellpoint denied their requested dental work in April 2024, and therefore this matter would be moot. Both parties were allowed an opportunity to respond, with a final ruling to be made at the conclusion of the matter.

Dr. Salvatore Pavone, DDS testified for the Respondent as an expert witness in dentistry. Dr. Pavone, a licensed dentist, is the director of Respondent's dental group and reviews requests for orthodontic procedures. Ibid. Dr. Pavone testified that any issues that the Petitioner may have had with their gums and teeth are typical of those he would see as a dentist. Dr. Pavone stated that the underlying reason why the request for the partial upper dentures was denied is not the condition of the Petitioner's gums, but the condition of the bone that supports the teeth that would anchor the partial denture. Id. at 5. Dr. Pavone based his opinion after reviewing the x-rays of the Petitioner's teeth provided by the Bergen Dental Group (R-1). Dr. Pavone opined that the Petitioner's upper teeth were in poor

condition and would not be a suitable anchor for the type of partial dentures that the Petitioner has requested. ID at 5. Dr. Pavone testified that the partial dentures that would be attached to compromised teeth due to insufficient bone support would fail in a short period of time. Ibid. Dr. Pavone further testified that he believes that the requested dentures could cause mobility issues to the upper teeth to which they are connected, thereby not solving the Petitioner's issue and possibly creating a new one. Ibid. He also testified regarding other possible solutions to the issues in the Petitioner's mouth that did not require the removal of all of his upper teeth to install a full upper denture. Ibid. Dr. Pavone opined that the requested partial denture would not last long and could harm the Petitioner's teeth, and there may be other types of dentures that could correct their problem without creating additional damage. Ibid. Dr. Pavone testified that the Petitioner should consult with their dental provider to review those options and submit a claim with their Medicare carrier. In the Initial Decision, the Administrative Law Judge (ALJ) found that Dr. Pavone's testimony was credible and as fact, as he presented opinion testimony as to why Wellpoint denied the Petitioner's claim, which was corroborated by his medical dental knowledge, as well as his years of experience as a practicing dentist. Id. at 6.

The Petitioner also testified and argued that they introduced substantial authoritative evidence to demonstrate and corroborate that Wellpoint has not addressed or complied with their medical necessity for the requested service; has not relied on the required full battery of diagnostics to support Wellpoint's claim that "due to gum disease, the service was denied", which conveniently provided Wellpoint with an "unsubstantiated" set of reasons to deny service; and, furthermore, has not presented an alternate treatment solution that would be less

costly, and thereby, support Wellpoint's assertion for a more judicious use of Medicaid funds. Ibid. The Petitioner presented testimony citing academic, scholarly, and analytical review, in his attempt to present official, authoritative, and medical evidence from the appropriate licensing bodies, at the medical, state and federal levels, in order to corroborate his testimony. (See, P-7, P-10, P-11, P-12, P-13, and P-14). The ALJ found that under N.J.A.C. 1:1-15.9(b), that the Petitioner is not an expert in medical dentistry, and as such their opinion testimony would be limited to such opinions or inferences that the ALJ finds may be rationally based on the Petitioners perception and are helpful to a clear understanding of their testimony or to the fact in issue. ID at 8. Specifically, the ALJ found that the Petitioners opinion testimony that Wellpoint has not addressed or complied with his medical necessity for the requested service, was rebutted by Dr. Pavone's testimony. Ibid.

The ALJ found that the testimony and evidence establish that Wellpoint has complied with the requirements of N.J.A.C. 10:56-2.1, in its denial of the Petitioner's dental provider's request for the partial dentures for J.A.'s upper mouth due to the condition of his oral cavity, and therefore denied the Petitioner's appeal. Id. a 10. I agree.

The Medicaid Guidelines for dental treatment or service plans provide that a State dental consultant may deny a provider's treatment plan if the treatment is not going to be adequate to correct the problem, is not expected to last for the longest period of time and is not the most judicious application of Medicaid/NJ FamilyCare fee for service reimbursement. N.J.A.C. 10:56-2. Dr. Pavone testified at length about how the Petitioner's upper teeth were in poor condition and would not be a suitable anchor for the type of partial dentures that the Petitioner has

requested. He testified that the partial dentures that would be attached to compromised teeth due to insufficient bone support would fail in a short period of time, and that he believes that the requested dentures could cause mobility issues to the upper teeth to which they are connected, thereby not solving the Petitioner's issue and possibly creating a new one. Dr. Pavone opined that the requested partial denture would not last long and could harm the Petitioner's teeth, and there may be other types of dentures that could correct their problem without creating additional damage.

Furthermore, the ALJ found this matter moot, because the Petitioner's Medicaid benefits were terminated in February 2024. ID at 10. As such, Wellpoint as the MCO would not be able to provide any services regardless of whether the Petitioner was entitled to services at the time of the denial by Wellpoint in April 2024. I agree. The New Jersey State Medicaid Contract, § 5. 10. 1(C) (effective January, 2024), available at: https://www.state.nj.us/humanservices/dmahs/info/resources/care/hmo-contract.pdf, provides that "[t]he Contractor shall not be responsible for the provision and cost of care and services for an enrollee after the effective date of disenrollment. . . . ").

Accordingly, and based upon my review of the record and for the reasons set forth above, I concur with the Initial Decision that Petitioner does not meet the requirements for their requested dental treatment under the Medicaid regulations at this time.

THEREFORE, it is on this 28th day of April 2025,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Gregory Woods

Gregory Woods, Assistant Commissioner
Division of Medical Assistance and Health Services