



ASSISTANT SECRETARY OF DEFENSE  
 WASHINGTON, D. C. 20301

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HEALTH AFFAIRS

BEFORE THE OFFICE, ASSISTANT  
 SECRETARY OF DEFENSE (HEALTH AFFAIRS)  
 UNITED STATES DEPARTMENT OF DEFENSE

Appeal of \_\_\_\_\_ )  
 Sponsor: \_\_\_\_\_ ) OASD(HA) File 83-26  
 SSN: \_\_\_\_\_ ) FINAL DECISION

This is the FINAL DECISION of the Assistant Secretary of Defense (Health Affairs) in the CHAMPUS Appeal OASD(HA) Case File 83-26 pursuant to 10 U.S.C. 1071-1089 and DoD 6010.8-R, chapter X. The appealing party is the spouse of an active duty officer of the United States Navy. The appeal involves the denial of cost-sharing for root canal treatments provided May 17, 18, 30, and June 20, 1979. The amount in dispute is \$480.00.

The hearing file of record, the Hearing Officer's Recommended Decision and the Analysis and Recommendation of the Director, OCHAMPUS, have been reviewed. The Hearing Officer has recommended denial of the claim for root canal treatments based on the lack of preauthorization. The Hearing Officer found the care involved covered adjunctive dental care but did not meet the definition of a medical emergency for which preauthorization may be waived. The Director, OCHAMPUS, nonconcurrs in the Recommended Decision and recommends its rejection and issuance of a FINAL DECISION by the Acting Assistant Secretary of Defense (Health Affairs) denying cost-sharing for the root canal treatments as excluded care under CHAMPUS.

Under DoD 6010.8-R, chapter X, the Assistant Secretary of Defense (Health Affairs) may reject the Hearing Officer's Recommended Decision and issue a FINAL DECISION based on the appeal record. The Acting Principal Deputy Assistant Secretary of Defense (Health Affairs), acting as the authorized designee for the Assistant Secretary, after due consideration of the appeal record, rejects the Hearing Officer's Recommended Decision denying cost-sharing on the basis of lack of preauthorization. This rejection results from my finding that the Recommended Decision is based on an erroneous interpretation of the adjunctive dental care provisions of DoD 6010.8-R and failed to consider previous FINAL DECISIONS of this office regarding noncoverage of root canal treatments under CHAMPUS.

The FINAL DECISION of the Assistant Secretary of Defense (Health Affairs) is therefore to deny CHAMPUS cost-sharing of the root canal treatments provided May 17, 18, 30, and June 20, 1979. This decision is based on findings the care does not qualify as adjunctive dental care and is specifically excluded as restorative dental care and dental care involving only the teeth and supporting structures.

#### FACTUAL BACKGROUND

The beneficiary underwent oral surgery on April 9, 1979, to remove a cyst from the left maxillary area. CHAMPUS cost-shared the charges for this surgery. According to [redacted] D.D.S., who performed the oral surgery, the apex (roots) of first bi-cuspid (premolar) and first molar teeth were exposed as a result of the expansion of the residual cyst. He referred the beneficiary to [redacted], D.D.S., for root canals on these teeth. Dr. [redacted] also stated this treatment was necessary due to trauma caused by removal of the cyst. The root canal treatments were provided on May 7, 18, 30, and June 20, 1979. The diagnosis was necrotic pulps, maxillary left premolar and molar. A CHAMPUS claim for these treatments was submitted by the beneficiary in the amount of \$480.00.

The former CHAMPUS fiscal intermediary for [redacted], Blue Cross of [redacted], denied the claim finding the care did not meet the definition of covered adjunctive dental care and the required preauthorization for adjunctive dental care had not been obtained. The fiscal intermediary affirmed the denial in Informal Review and Reconsideration decisions. The beneficiary appealed to OCHAMPUS which also upheld the initial denial. The beneficiary appealed and requested a hearing.

Personal appearances were waived by the parties to the hearing and the hearing was held on the record before [redacted] Hearing Officer. The Hearing Officer has issued his Recommended Decision and all prior levels of administrative review have been exhausted. Issuance of a FINAL DECISION is proper.

#### ISSUES AND FINDINGS OF FACT

The primary issues in this appeal are (1) whether the care qualifies as covered adjunctive dental care and (2) whether the care required preauthorization.

##### Adjunctive Dental Care

Under 10 U.S.C. 1079, CHAMPUS cost-sharing of dental care is limited only to care required as a necessary adjunct to medical or surgical treatment. DoD 6010.8-R, chapter IV, E.10. implements this statutory provision as follows:

"Dental. The CHAMPUS Program does not include a dental benefit. Under very limited circumstances benefits are available for dental services and supplies when the dental services are adjunctive to otherwise covered medical treatment.

a. Adjunctive Dental Care: Limited. Adjunctive dental care is limited to that dental care which is medically necessary in the treatment of an otherwise covered medical (not dental) condition, is an integral part of the treatment of such medical condition and is essential to the control of the primary medical condition.

(1) Elimination of a non-local oral infection (such as cellulitis or osteitis) which is clearly exacerbating and directly affecting a medical condition currently under treatment would be an example of adjunctive dental care.

(2) Another example of adjunctive dental care would be where teeth and tooth fragments must be removed in order to treat and repair facial trauma resulting from an accidental injury.

NOTE: The test of whether or not dental trauma is covered is whether or not the trauma is solely dental trauma. Dental trauma must be related to, and an integral part of, medical trauma in order to be covered as adjunctive dental care.

b. General Exclusions. Generally, preventive, routine, restorative, prosthodontic and/or emergency dental care are not covered by CHAMPUS.

(1) Dental Care which is essentially preventive and (even if performed to prevent a potential medical condition) which is not an integral part of the treatment of a medical (not dental) condition, does not qualify as adjunctive dental care for the purposes of CHAMPUS. An example would be routine dental care provided a rheumatic heart patient as a "preventive" measure.

(2) Adjunctive care does not include dental services which involve only the teeth and/or their supporting structure, even if the result of an accident. An example would be the child who falls and breaks, chips or loosens a tooth.

(3) Adjunctive dental care does not include restoration or peridental splinting of teeth and/or dental prosthesis, whether permanent or temporary and whether required as a result of an accidental injury or whether injured, affected or fractured during the medical or surgical management of a medical condition.

(4) Adjunctive care does not include treatment of peridental (sic) disease and/or the consequence of peridental (sic) disease; nor does it include such dental services as filling cavities or adding or modifying bridgework to assist in mastication whether or not related to gastrointestinal or hematopoietic diseases.

(5) All orthodontia is specifically excluded, except when directly related to and as an integral part of, surgical correction of a cleft palate congenital anomaly."

Therefore, to constitute CHAMPUS covered adjunctive dental care, the care must be medically necessary in the treatment of a medical condition, an integral part of such treatment, and essential to control of the medical condition. These basic requirements are further defined to exclude coverage of care involving only the teeth and their supporting structure, as well as restorative care of teeth when injured or affected during the medical or surgical management of a medical condition.

Herein, the undisputed facts reveal the beneficiary underwent removal of a cyst located in the gum of the left maxillary. The removal of the cyst exposed the roots of the maxillary left premolar and molar. According to the attending dentist, the root canals were necessary because of the exposure of the roots and trauma to the teeth caused by the removal of the cyst. The diagnosis, as stated above, was necrotic pulps of the left maxillary premolar and molar. The necrotic pulps were caused by the interruption of the blood supply to the teeth during removal of the cyst according to peer reviewers associated with the Colorado Foundation for Medical Care. The peer reviewers also opined the root canals were a potential sequela to the cyst removal. When questioned regarding the relationship of the root canal to the removal of the cyst, the peer reviewers replied that failure to perform the root canals might result in further

complications including recurrence of the maxillary cyst. Based on this statement, the reviewing physician and dentist opined the root canal was an integral part of the treatment and essential to the control of the maxillary cyst.

The Hearing Officer found the medical evidence to be consistent among the attending dentists and peer reviewers and that the root canals were medically necessary in the treatment of the removal of the cyst. Thus, the Hearing Officer concluded the root canals were adjunctive dental care.

I disagree with the Hearing Officer on this finding and reject the Recommended Decision. My review of the record in this appeal must be performed in conjunction with the statutory mandate and the implementing regulation. In my review, I find the Hearing Officer has incorrectly interpreted the regulatory provisions on adjunctive dental care and failed to consider previous FINAL DECISIONS of this office pertaining to root canal treatments.

The adjunctive dental care provision is perhaps the CHAMPUS benefit most misunderstood by our beneficiaries. No comprehensive dental program currently is authorized under CHAMPUS. What has been specifically authorized by legislation is a very limited CHAMPUS benefit known as adjunctive dental care.

The CHAMPUS regulation distinguishes noncovered routine dental services from adjunctive dental services required to treat a medical condition. To accomplish this, certain types of care are classified as dental only and cannot be considered as an adjunct to a medical condition. As quoted above, preventive and restorative services fall in this category, even when the restorative care is required due to the teeth being injured or affected during medical or surgical management of a medical condition. By Regulation, then, restorative dental services cannot be considered to be an integral part of or essential to treatment of a medical condition, even when the dental condition is a potential sequela to treatment of a medical condition.

The beneficiary, her attending dentists and the peer reviewers all correctly assert the dental care was required. I do not disagree with this conclusion. However, under the CHAMPUS adjunctive dental care benefit, the care must be more than medically necessary dental care; it must be other than routine, preventive and restorative dental care to be cost-shared by CHAMPUS.

The question of root canal treatments as adjunctive dental care has arisen in previous appeals to this office. Consistently, this office has held that root canals are not the type of dental care CHAMPUS cost-shares as adjunctive dental care. In OASD(HA) case file 12-79, this office determined that root canals and other dental services were not essential to the control of cancer even when medical treatment of the cancer damaged the teeth.

Further, the decision concluded the only condition present involved the teeth and supporting structures and was specifically excluded from CHAMPUS coverage. Finally, the decision determined that the type of dental care (root canals) requested was restorative and prosthodontic and was specifically excluded from coverage because of the CHAMPUS regulation provision which removes restorative dental care from consideration as an integral part of or essential to treatment of a medical condition. Similarly, in OASD(HA) case file 82-08, I reaffirmed this position finding root canals and other dental services do not qualify as adjunctive dental care for teeth damaged by radiation treatment for cancer.

Applying these authorities and precedents to the undisputed facts in this appeal, I find the patient's root canal treatment was necessary dental care but was not an integral part of the current treatment of the primary medical condition (i.e., the maxillary cyst). The cyst had been previously removed and the only treatment of the primary medical condition resulting from the root canals was the possible prevention of recurrence of the cyst. It is clear in the Regulation that prevention of a potential medical condition does not qualify dental care as "adjunctive dental care" for purposes of CHAMPUS coverage.

Consistent with FINAL DECISIONS issued in previous hearing cases, I find that the beneficiary's root canals were primarily restorative dental care resulting from exposure of the roots and trauma to the teeth as caused by the surgical removal of a cyst. Such restorative dental care required due to the teeth being injured or affected by surgical management of a medical condition is specifically excluded from CHAMPUS coverage by DoD 6010.8-R.

Finally, I find that the appealing party's root canal treatment involved only treatment of the teeth and their supporting structures. Such treatment is considered routine dental care and is also excluded from CHAMPUS coverage on that basis by DoD 6010.8-R.

#### Preauthorization/Medical Emergency

Preauthorization of all adjunctive dental care is a regulatory prerequisite to CHAMPUS coverage. The CHAMPUS regulation provides in DoD 6010.8-R, chapter IV, E.10, as follows:

"c. Preauthorization Required. Adjunctive dental care, in order to be covered requires prior approval and written preauthorization from the Director, OCHAMPUS (or a designee).

(1) The preauthorization request must include a detailed statement from the dentist as to the dental procedure to be performed and its cost, and a statement from the

attending physician providing the medical evidence as to its relationship to a medical condition currently under treatment.

(2) Such preauthorization is for specific dental service and is valid for only ninety (90) days from date of issuance.

(3) If the approved adjunctive dental care is not rendered within the ninety (90) day period, a new preauthorization is required. However, unless some unusual medical circumstance occurs, the fact that the dental care was not rendered during that specified time limit will raise significant question as to whether it was, in fact, adjunctive.

(4) Preauthorization is required for each specific adjunctive dental service or appliance (i.e., each instance of dental care), even though related to an ongoing medical episode. A preauthorization is not valid for any adjunctive dental service or supply except as specifically stated in the preauthorization.

(5) Where adjunctive dental care involves an emergency medical (not dental) situation (such as facial injuries resulting from an accident), preauthorization is waived. However, such waiver is limited to the essential adjunctive dental care related to the medical condition requiring the immediate emergency treatment. When claims are submitted for such adjunctive dental care rendered in an emergency situation, a complete explanation along with supporting medical documentation must be submitted."

It is undisputed the beneficiary did not request preauthorization and the Hearing Officer, in fact, recommended denial of the claim and appeal on this basis. However, subsequent to the issuance of the OCHAMPUS First Level Appeal decision in this case, the Director, OCHAMPUS, was authorized to grant an exception to the requirement for preauthorization when the care would otherwise be payable except for the failure to obtain preauthorization. Therefore, the issue of preauthorization in this matter is moot and does not require a finding.

SUMMARY

In summary, the FINAL DECISION of the Assistant Secretary of Defense (Health Affairs) is to deny the claim for root canal treatments provided May 17 through June 20, 1979, as excluded restorative dental care, dental care involving only the teeth and supporting structure, and dental care which does not meet the requirements for CHAMPUS coverage as adjunctive dental care. The appealing party's appeal, therefore, is denied. Issuance of this FINAL DECISION completes the administrative appeals process under DOD 6010.8-R, chapter X, and no further administrative appeal is available.



Vernon McKenzie

Acting Principal Deputy Assistant Secretary