

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2154160
Decision Date:	9/27/2021	Hearing Date:	09/08/2021
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:

Pro se

Appearance for CCA ICO:

Cassandra Horne, Appeals and
Grievances Supervisor



*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:	ICO – Dental
Decision Date:	9/27/2021	Hearing Date:	09/08/2021
CCA ICO's Rep.:	Cassandra Horne	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30 and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated 05/04/2021, Commonwealth Care Alliance (CCA), a MassHealth integrated care organization (ICO), informed the appellant that it denied her request for a custom fabricated abutment and placement on teeth 2, 4, 13 and 15; pontic (bridge) on teeth 14 and 3, and abutment supported crown on teeth 2, 4, 13 and 15 (Exhibit 1). The appellant filed this appeal with the Board of Hearings in a timely manner on 06/02/2021 (130 CMR 610.015(B); Exhibit 2).

Members enrolled in an integrated care contractor have a right to request a fair hearing for a decision to deny or provide limited authorization of a requested service, provided the member has exhausted all remedies available through the managed care contractor's internal appeals process (130 CMR 610.018). The appellant exhausted CCA's internal appeals process.

Action Taken by MassHealth

CCA, a MassHealth ICO, denied the appellant's request for a custom fabricated abutment and placement on teeth 2, 4, 13 and 15; pontic (bridge) on teeth 14 and 3, and abutment supported crown on teeth 2, 4, 13 and 15.

Issue

Was CCA, a MassHealth ICO, correct in denying the appellant's request for a custom fabricated abutment and placement on teeth 2, 4, 13 and 15; pontic (bridge) on teeth 14 and 3, and abutment supported crown on teeth 2, 4, 13 and 15?

Summary of Evidence

Cassandra Horne, CCA appeals and grievances supervisor, testified that the appellant is a MassHealth member enrolled in CCA's integrated care organization (ICO). She testified that on 04/15/2021, a request from appellant's dental provider was submitted to CCA for dental code D6057 – custom fabricated abutment – includes placement on teeth 2, 4, 13 and 15; D6240 – pontic – porcelain fused to high noble metal on teeth 14 and 3; and D6058 – abutment supported porcelain/ceramic crown on teeth 2, 4, 13 and 15. The request was denied on 04/19/2021 because the requested services were requested to be provided onto dental implants onto teeth 2, 4, 13 and 15 and as a bridge over teeth 14 and 3. CCA does not cover implants, abutments or crowns on implants. The only exception covered by CCA is a maximum of two implants on either arc, on an anterior (front) tooth only to support an upper or lower denture. This is not the case here. As a result, the request was denied. The bridge was also denied because there are less costly treatment options available; specifically, dentures over the two areas should be considered (Exhibit 4).

The appellant appeared at the fair hearing and testified that she is frustrated by the process because she had her implants placed before she became a CCA member. She had partial dentures placed in 2017; however, they "rocked" and did not fit well because of the implants that were placed. The treatment is to replace missing back teeth on both sides of the back upper arch. She also testified that she is frustrated with her dental provider because she does not return the appellant's calls. The appellant provided a letter from her dentist that states that the appellant "cannot possibly have a denture to replace the missing teeth because the implant abutment screws are going to interfere with dentures" (Exhibit 5).

The CCA representative agreed to send the appellant a list of other dental providers in the network, as well as a member coverage booklet that describes CCA's covered dental benefits.

Findings of Fact

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

1. The appellant is between 19 and 64 years of age and is a member of CCA, a MassHealth ICO (Testimony).
2. CCA complies with the CCA benefit structure and MassHealth regulations (Testimony).
3. On 04/15/2021, the appellant's dental provider submitted a request to CCA for a treatment plan for a custom fabricated abutment and placement on teeth 2, 4, 13 and 15; pontic (bridge) on teeth 14 and 3, and abutment supported crown on teeth 2, 4, 13 and 15 (Testimony; Exhibit 4).
4. Teeth 2, 4, 13, 15 are all posterior (back) teeth (Testimony).
5. On 04/19/2021, CCA denied the requested treatment plan (Testimony; Exhibit 4).
6. On 05/03/2021, appellant appealed CCA's denial at a level 1 internal review.
7. On 05/04/2021, CCA denied appellant's level 1 appeal. CCA informed the appellant that the requested services were beyond the scope of coverage and do not meet the criteria for medical necessity (Testimony; Exhibit 4).
8. On 06/02/2021, appellant appealed CCA's denial to the Board of Hearings (Testimony; Exhibit 2).

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 508.007(C) address obtaining services when enrolled in an integrated care organization (ICO) as follows:

When a member is enrolled in an ICO in accordance with the requirements under 130 CMR 508.007(A), the ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. Upon enrollment, the ICO is required to provide evidence of its coverage, 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.

MassHealth dental provider regulations at 130 CMR 420.421(B) address noncovered 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) teeth splinting for periodontal purposes; and
- (12) any other service not listed in Subchapter 6 of the *Dental Manual*.

(Emphasis added.)

The appellant has the burden "to demonstrate the invalidity of the administrative determination." See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228. Moreover, the burden is on the appealing party to demonstrate the invalidity of the administrative determination. See *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 (2002); *Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn.*, 11 Mass. App. Ct. 333 , 334 (1981); *Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance*, 45 Mass. App. Ct. 386 , 390 (1998).

The appellant, a member of CCA, a MassHealth ICO, requested dental services; specifically, a custom fabricated abutment and placement on teeth 2, 4, 13 and 15; pontic (bridge) on teeth 14 and 3, and abutment supported crown on teeth 2, 4, 13 and 15. She had previously had surgical dental implants placed prior to becoming a member of CCA. The treatment is to replace missing back teeth on both sides of the back upper arch. The dental provider requested abutments and crowns for the implants on four back teeth and a bridge on each side. CCA denied the request for services because it does not cover implants, abutments or crowns on implants, except in some limited circumstances that do not apply here. Because MassHealth describes implants (and associated services) as a non-covered service, CCA can likewise deny coverage. The CCA representative suggested that the appellant seek assistance from a different dental provider and to have partial dentures made. Although the appellant submitted a letter from her dental provider, it was not clear why partial dentures cannot be made to accommodate the abutments on the placed implants. Accordingly, CCA's decision is

supported by the regulations. This appeal is therefore denied.

Order for ICO

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc: Commonwealth Care Alliance SCO, Attn: Cassandra Horne, 30 Winter Street,
Boston, MA 02108