Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:

Appeal Decision:	Denied	Appeal Number:	2155266
Decision Date:	9/27/2021	Hearing Date:	08/24/2021
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:	08/24/2021	
CCA'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

The appellant received a notice dated 06/17/2021 from Commonwealth Care Alliance (CCA), a MassHealth integrated care organization (ICO), that it denied coverage for crowns on teeth 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, 21, and 27; surgical placement of dental implant on teeth 6 and 8; abutment on the implant on teeth 6 and 8; abutment supported crown on teeth 6, 8, 17, 19, 28 and 31 and a pontic (bridge) on teeth 7, 18, 29 and 30 (Exhibit 1). The appellant filed this appeal with the Board of Hearings in a timely manner on 07/12/2021 (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 crowns on teeth 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, 21, and 27; surgical placement of dental implant on teeth 6 and 8; abutment on the implant on teeth 6 and 8; abutment supported crown on teeth 6, 8, 17, 19, 28 and 31 and a pontic (bridge) on teeth 7, 18, 29 and 30.

Issue

Was CCA, a MassHealth ICO, correct in denying the appellant's request for crowns on teeth 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, 21, and 27; surgical placement of dental implant on teeth 6 and 8; abutment on the implant on teeth 6 and 8; abutment supported crown on teeth 6, 8, 17, 19, 28 and 31 and a pontic (bridge) on teeth 7, 18, 29 and 30?

Summary of Evidence

Representatives from CCA, a MassHealth integrated care organization (ICO) appeared telephonically. Jessica Medeiros, the director of CCA's dental program, testified that the appellant receives both MassHealth and Medicare benefits and is a MassHealth member enrolled in CCA as an ICO. On 06/12/2021, the appellant's dental provider submitted a request to CCA for a treatment plan for crowns on teeth 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, 21, 22, 23, 24, 25, 26 and 27; extraction of tooth 16; surgical placement of dental implant on teeth 6 and 8; abutment on the implant on teeth 6 and 8; abutment supported crown on teeth 6, 8, 17, 19, 28 and 31 and a pontic (bridge) on teeth 7, 18, 29 and 30. Ms. Medeiros testified that CCA complies with the CCA benefit structure and MassHealth regulations. On 06/14/2021, CCA approved the request for crowns on teeth 22, 23, 24, 25, and 26; and extraction of tooth 16. On the same date, CCA denied the request for crowns on teeth 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, 21, and 27; surgical placement of dental implant on teeth 6 and 8; abutment on the implant on the implant on teeth 6 and 27; surgical placement of dental implant on teeth 6 and 8; abutment on the implant on teeth 6 and 20. Ns. Medeiros testified that CCA complies with the CCA benefit structure and MassHealth regulations. On 06/14/2021, CCA approved the request for crowns on teeth 22, 23, 24, 25, and 26; and extraction of tooth 16. On the same date, CCA denied the request for crowns on teeth 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, 21, and 27; surgical placement of dental implant on teeth 6 and 8; abutment on the implant on teeth 6 and 8; abutment supported crown on teeth 6, 8, 17, 19, 28 and 31 and a pontic (bridge) on teeth 7, 18, 29 and 30.

Ms. Horne explained that the request for implants on teeth 6 and 8, abutments on 6 and 8, abutment supported crowns on teeth 6, 8, 17, 19, 28 and 31; and the pontic on teeth 7, 18, 29 and 30 were denied because dental implants (and associated services) are generally not a covered service. CCA does make limited exceptions in the case of a maximum of two implants on an anterior tooth only, on either arc to support an upper or lower denture. This is not the case here. As a result, the requests for implants and associated services were denied.

Regarding the denied crowns, Ms. Horne explained that they were denied on the basis of medical necessity. Specifically, a crown is covered if X-rays sent by the dental provider confirm nerve treatment (like a root canal) has been done and is filled correctly.

Also, crowns are covered if X-rays sent by the dental provider show four (4) or more surfaces of the tooth are decayed. At this time, X-rays have not been sent by the provider, neither has any other documentation to show medical necessity for the denied crowns. Ms. Horne also stated that the dental provider must explain why a less costly alternative treatment, like a denture, will not fix the dental problem. Without the above information, CCA was unable to approve crowns. On 06/16/2021, the appellant filed a level 1 appeal with CCA. Her appeal was denied on 06/17/2021 and the appellant appealed to the Board of Hearings.

The appellant appeared at the fair hearing and testified telephonically that she needs full mouth rehabilitation. She needs dental implants because of the way her teeth come together. She grinds her teeth and they are severely worn. The appellant stated that she has a situation where the doctor needs "to do a lot in my mouth." She reports she cannot chew her food properly because of her three missing front teeth. It also affects her speech. The appellant also stated that she is not a dentist, so she cannot decide on a less costly alternative like a partial denture. Her self-esteem is suffering as a result of her teeth.

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 06/12/2021, the appellant's dental provider submitted a request to CCA for a treatment plan for crowns on teeth 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, 21, 22, 23, 24, 25, 26 and 27; extraction of tooth 16; surgical placement of dental implant on teeth 6 and 8; abutment on the implant on teeth 6 and 8; abutment supported crown on teeth 6, 8, 17, 19, 28 and 31 and a pontic (bridge) on teeth 7, 18, 29 and 30 (Testimony; Exhibit 4).
- 4. On 06/14/2021, CCA approved the request for crowns on teeth 22, 23, 24, 25, and 26; and extraction of tooth 16 (Testimony; Exhibit 4).
- 5. On 06/14/2021, CCA denied the appellant's request for crowns on teeth 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, 21, and 27; surgical placement of dental implant on teeth 6 and 8; abutment on the implant on teeth 6 and 8; abutment supported crown on teeth 6, 8, 17, 19, 28 and 31 and a pontic (bridge) on teeth 7, 18, 29 and 30.
- 6. On 06/16/2021, the appellant filed a level 1 appeal with CCA (Testimony; Exhibit 4).

- 7. On 06/17/2021, CCA denied the appellant's level 1 appeal (Testimony; Exhibit 4).
- 8. On 07/12/2021, the 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.

Regulations at 130 CMR 450.204 address medical necessity as follows:

The MassHealth agency does not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(A) 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. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits.

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

The appellant, a member of CCA, a MassHealth ICO, requested dental extensive dental services. Specifically, her dental provider requested a treatment plan for crowns on teeth 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, 21, 22, 23, 24, 25, 26 and 27; extraction of tooth 16; surgical placement of dental implant on teeth 6 and 8; abutment on the implant on teeth 6 and 8; abutment supported crown on teeth 6, 8, 17, 19, 28 and 31 and a pontic (bridge) on teeth 7, 18, 29 and 30. CCA approved the request for crowns on teeth 22, 23, 24, 25, and 26; and extraction of tooth 16. CCA denied the appellant's request for crowns on teeth 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, 21, and 27; surgical placement of dental implant on teeth 6 and 8; abutment on the implant on teeth 6, 8, 17, 19, 28 and 31 and a pontic for crowns on teeth 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, 21, and 27; surgical placement of dental implant on teeth 6, 8, 17, 19, 28 and 31 and a pontic (bridge) on teeth 7, 18, 29

and 30. She appealed to CCA at a level 1 appeal, but was again denied. She then appealed to the Board of Hearings.

In testimony, CCA addressed the denied services as two groups for the purposes of discussing the rationale for the denial. First, CCA addressed the surgical placement of the dental implant on teeth 6 and 8, the abutment on 6 and 8, the abutment supported crown on teeth 6, 8, 17, 19, 28 and 31, and the pontic on teeth 7, 18, 29, and 30. CCA stated correctly that the above requested services are non-covered services by MassHealth. As a result, CCA is not required to provide those services because they are dental implants and services relating to a dental implant. That is to say, that if the dental implant is denied, the other services, as requested, cannot be provided. The appellant stated she felt, as a non-dental professional, that she required the implants. She felt that she was in no position to address other possible solutions. This portion of the appeal is therefore denied.

Next, CCA addressed the crowns on teeth 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, 21, and 27. CCA testified that the appellant's dental provider submitted no X-rays or other explanation of why the crowns were requested. CCA stated that if the provider was able to show that the request met the medical necessity guidelines, the request would be reconsidered. The appellant offered no X-rays or any documentation from her dentist to show why the crowns were medically necessary, as defined by CCA and MassHealth. Therefore, the appellant has not met her burden of proof and this portion of the appeal is denied.

For the foregoing reasons, this appeal is 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,

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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