

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



|                         |                   |                       |            |
|-------------------------|-------------------|-----------------------|------------|
| <b>Appeal Decision:</b> | Denied            | <b>Appeal Number:</b> | 2204392    |
| <b>Decision Date:</b>   | 8/24/2022         | <b>Hearing Date:</b>  | 07/25/2022 |
| <b>Hearing Officer:</b> | Christopher Jones |                       |            |

**Appearance for Appellant:**  
Pro se

**Appearance for CCA:**  
Cassandra Horne – Appeals Supervisor  
Dr. Allen Finkelstein – Dental Director



*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

|                          |  |                          |                  |
|--------------------------|--|--------------------------|------------------|
| <b>Appeal Decision:</b>  | Denied                                 | <b>Issue:</b>            | MCO – CCA/Dental |
| <b>Decision Date:</b>    | 8/24/2022                              | <b>Hearing Date:</b>     | 07/25/2022       |
| <b>CCA's Rep.:</b>       | Cassandra Horne; Dr. Allen Finkelstein | <b>Appellant's Rep.:</b> | Pro Se           |
| <b>Hearing Location:</b> | Remote                                 | <b>Aid Pending:</b>      | 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 Level 1 Appeal Denial dated May 9, 2022, Commonwealth Care Alliance's ("CCA") One Care program denied the appellant's requested dental procedures. (Exhibit 2; Exhibit 4, pp. 51-60.) CCA's One Care program is an integrated-care-organization ("ICO") acting on behalf MassHealth in administering benefits for individuals eligible for both Medicare and Medicaid. The appellant filed this appeal in a timely manner on June 9, 2022. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance by a managed-care contractor is valid grounds for appeal. (130 CMR 610.032(B).)

## Action Taken by CCA

CCA denied the appellant's requested dental procedures.

## Issue

The appeal issue is whether CCA was correct, pursuant to 130 CMR 450.204, in determining that the appellant's requested dental procedures were not medically necessary.

## Summary of Evidence

On or around April 25, 2022, the appellant's dentist submitted a prior authorization request seeking coverage for two custom fabricated abutments (procedure code D6057), two abutment supported

crowns (procedure code D6057), and one pontic (procedure code D6245). Submitted with this request was an x-ray showing two implanted posts with a single-tooth gap between, but no treatment plan or medical necessity narrative was submitted with the request. This request was denied because these are not covered codes under the One Care plan or by MassHealth. The denial notice further indicated that a “crown / bridge held in by an implant is covered if notes sent by your provider show an implant has been approved.” Alternately, the bridge was denied because the “x-rays sent by your provider [did not] show the supporting teeth have at least 50% of bone to support the bridge.” (Exhibit 4, pp. 1-5.) A request was made to the appellant’s dentist to provide a written narrative of medical necessity, but one was never submitted. (Exhibit 4, p. 6.)

CCA’s representatives explained that implants are not covered services by MassHealth, and they are not covered by CCA without a medical necessity justification for having implants placed instead of simply anchoring a larger bridge between the member’s existing teeth. This exclusion of implants also applies to any services to cover implants to anchor bridges to implants. Because CCA has no record of approving the implants, and because the appellant’s dentist did not provide a medical necessity narrative, CCA could not approve any services related to the appellant’s implants because they are non-covered services.

The appellant explained that approximately two years ago her dentist recommended that she have two teeth extracted and replaced with implants. These implants would then get crowns, and a single-tooth bridge would be installed between the two implants once they were crowned. Prior authorization was sought from CCA for this treatment plan, and it was denied because implants were not covered. The appellant did not appeal this denial. The appellant agreed with her dentist to pay for the implants out of pocket and then ask CCA to pay for crowns and bridge once the implants were in place. The appellant testified that her dentist told her that this would work because only the implants were non-covered, not the crowns or the bridge. The appellant also testified that her dentist never discussed the possibility of having a bridge placed between her existing teeth.

Dr. Finkelstein testified that the crowns and bridge are covered services on existing, natural teeth, not on implants. He pointed to MassHealth’s Office Reference Manual (“ORM”) as documentation for what services are covered.<sup>1</sup> Exhibit B of the ORM details all the allowable billing codes for MassHealth members aged 21 and over. (The appellant is over the age of 21.) The 2020 version of the ORM has no allowable billing codes that start with “D6.” Dr. Finkelstein explained that all codes pertaining to implants start with “D6”; if the appellant had a crown attached to a natural tooth, the code would start with “D2.”<sup>2</sup> Dr. Finkelstein testified that CCA might approve additional treatment in this area of the appellant’s mouth, but that it would require a medical necessity narrative.

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<sup>1</sup> CCA submitted the ORM from January 1, 2020. This decision will apply the standards set out in the current ORM. (Available at <https://masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>, last visited August 11, 2022.)

<sup>2</sup> The current ORM does include one allowable billing code in the D6 series, D6999. It is described as a “fixed prosthodontic procedure.” This code requires a “narrative of medical necessity.”

The appellant argued that it is unfair for her to be the one who is punished and left holding the bag when CCA's in-network provider was the one who advised her to take this course of action. She described how she was unable to eat on that side of her mouth and how terribly stressful this whole dragged out process has been. Dr. Finkelstein explained that he would very much like to see her treated, but at this point what she needs to get is a full treatment plan that could be submitted for review. He noted that her periodontal health appeared poor from the very limited x-ray he received, and he doubted that CCA could even approve additional treatment for crowns or bridges on natural teeth if the appellant did first treat the overall health of her mouth. He expressed sympathy for the appellant and wished this appeal was on the original denial of implants so this whole scenario could have been avoided. He informed the appellant that she was welcome to go back to the dentist who performed the implants, or she could seek services from another dentist and proceed with them.

She testified that she had received a second opinion from another dentist, but that dentist did not accept MassHealth, so she needed to pay out of pocket for that opinion. The appellant was advised that she could file complaints with MassHealth, and they may be able to help resolve her problem with her current dentist.<sup>3</sup> Otherwise, she could reach out to CCA's customer service line to help identify another in-network dentist. Dr. Finkelstein felt that the appellant would be able to get appropriate treatment that addressed her crown and bridge needs if she found a dentist who would submit a comprehensive treatment plan that addresses her periodontal disease before seeking to treat the missing teeth.

## Findings of Fact

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

1. On or around April 25, 2022, the appellant's dentist submitted a prior authorization request seeking coverage for two procedure codes D6057, two procedure codes D6057, and one procedure code D6245. All the codes relate to implants. No narrative of medical necessity or comprehensive treatment plan was submitted with the request. (Exhibit 4, pp. 1-5; testimony by Dr. Finkelstein.)
2. Implants are not covered by MassHealth or CCA's One Care plan. Services related to implants are generally not covered unless CCA approved the implants due to medical necessity. (Testimony by CCA's representatives; Exhibits 5 and 6.)
3. About two years ago, the appellant's dentist sought prior authorization for the implants in combination with the procedure codes sought here. This request was denied with the explanation that implants are not covered. The appellant did not appeal this denial, but she paid her dentist out of pocket to put the implants in with the expectation that the crowns and bridge would be approved if the implant posts were already in her mouth. (Testimony by the appellant.)

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<sup>3</sup> The dental complaint form is available at <http://www.masshealth-dental.net/MassHealth/media/Docs/Member-Complaint-Form.pdf>. (Last visited August 11, 2022.)

## Analysis and Conclusions of Law

Massachusetts's Secretary of Health and Human Services is authorized to participate in a demonstration program to integrate care for individuals, aged 21 to 64 at the time of enrollment, who are dually eligible for benefits under MassHealth Standard or CommonHealth and Medicare and do not have any additional comprehensive health coverage. (MGL Ch. 118E, § 9F(a).) This particular waiver program allows MassHealth to contract jointly the Centers for Medicare and Medicaid Services ("CMS") and integrated care organizations ("ICOs") to provide integrated, comprehensive Medicaid and Medicare services, including medical, behavioral health and long-term support services for a prospective blended payment from the executive office and the Centers for Medicare and Medicaid Services. (*Id.*) The One Care program is an ICO.

An ICO is defined as "an organization with a comprehensive network of medical, behavioral-health care, and long-term services and supports providers that integrates all components of care .... ICOs are responsible for providing enrollees with the full continuum of Medicare- and MassHealth-covered services." (130 CMR 610.004.) Whenever an ICO makes a coverage decision, it must provide notice to the affected member. (130 CMR 508.011.) An ICO has 30 days to resolve any internal appeals, and the member then has 120 days to request a fair hearing from the Board of Hearings. (*See* 130 CMR 508.012; 130 CMR 610.015(B)(7).)

Generally speaking, MassHealth is required to cover all services and treatments that are "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, or 517.007.

(130 CMR 450.204(A).)

However, additional guidance "about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines." (130 CMR 450.204(D).) Certain services are excluded from coverage, "except when MassHealth determines the service to be medically necessary **and the member is younger than 21 years old.**" (130 CMR 420.421(B) (emphasis added).) Specifically excluded are "implants of any type or description ...."

(130 CMR 420.421(B)(5).) Many covered services also require prior authorization. The instructions for submitting prior authorization requests “are described in the MassHealth Dental Program Office Reference Manual.” 130 CMR 420.410(C)(2).<sup>4</sup>

The ORM sets out clinical criteria for various covered services. In support of CCA’s case, there is no guidance regarding fixed prosthodontics, such as implants or fixed bridges. Section 15.6 governs coverage criteria for removable prosthodontics, such as removable partial dentures or bridges. (See ORM, pp. 41-43.) Furthermore, Section 15.2 details the criteria for crowns, one of the services the appellant sought to have covered for her implant posts. This section only ever references “the criteria for crowns ... **for permanent teeth** ...” (ORM, p. 39 (emphasis added).) There is not a single reference in the ORM to implants, and the only reference to fixed prosthodontics exists in the billing code appendices attached to the ORM. As noted above, the billing code appendix for non-developmentally disabled adults only references D6999, a catchall billing code for fixed prosthodontics that requires a “narrative of medical necessity.” (ORM, p. 124.) Finally, the available guidance indicates that periodontal health is a factor in determining whether a crown or a bridge will be approved. (See ORM, §§ 15.2, 15.6.) Dr. Finkelstein testified that the appellant’s periodontal health required treatment before any further steps could be taken with regards to her implants or bridge, and no narrative of medical necessity setting forth a comprehensive treatment plan was submitted with the appellant’s request that would allow CCA to review whether her periodontal health would adversely impact the success of any crown or bridge treatment they might authorize. Therefore, CCA was correct to deny coverage. This appeal is DENIED.

## Order for CCA

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.

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Christopher Jones  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: ICO Commonwealth Care Alliance, Attn: Cassandra Horne, 30

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<sup>4</sup> As noted above, the Office Reference Manual is updated regularly. The version submitted by CCA was published on January 3, 2020. (Exhibit 6.) This decision quotes only the current version, updated June 7, 2022, but the substantive outcome would be the same under either publication.

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