

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2204558

Decision Date: 9/14/2022

Hearing Date: 08/17/2022

Hearing Officer: Radha Tilva

Appearance for Appellant:
Pro se

Appearance(s) for CCA:
Haley Emery, CCA Rep.
Cassandra Horne, Appeals and
Grievances Manager;
Dr. Alan Finkelstein, Dental Consultant



*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:	PA – implant and graft
Decision Date:	9/14/2022	Hearing Date:	08/17/2022
CCA's Reps.:	Haley Emery, Cassandra Horne, Dr. Alan Finkelstein	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor	Aid Pending:	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 notice dated June 2, 2022, Commonwealth Care Alliance (CCA), a MassHealth Integrated Care Organization (ICO), denied the appellant's prior authorization for a bone replacement graft for teeth #13, 14, 30, and surgical placement of implant for teeth # 2, 3, 14, 15, and 30 (Exhibit 1). The appellant filed this appeal in a timely manner on June 16, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Challenging a prior authorization request is valid grounds for appeal (see 130 CMR 508.010 and 130 CMR 610.032).

Action Taken by CCA

CCA denied appellant's prior authorization request for bone replacement graft and surgical implants.

Issue

The appeal issue is whether CCA was correct in denying appellant's prior authorization request for a bone replacement graft and surgical placement of implant.

Summary of Evidence

CCA's representatives appeared telephonically along with the appellant. CCA's representatives, including an appeals and grievances manager and a dental consultant, testified at hearing and provided written materials in support. A summary of evidence and testimony follows. Appellant is enrolled in CCA's One Care Program since January 1, 2019. CCA's prior authorization requests for dental work are reviewed for a determination of medical necessity based on CCA's dental benefit plan and authorization requirements.

On or about April 6, 2022, CCA received appellant's prior authorization request for a series of dental codes (Exhibit 6, p. 9). Included in the request were x-rays (Exhibit 6, p. 6). On April 7, 2022, CCA sent written notification that it had denied appellant's prior authorization request. In summary, appellant's provider had requested implants (D6010) on teeth 2, 3, 14, 16, and 30 with bone replacement graft for ridge preservation (D7953) for teeth 3, 14, and 30. The requested codes for the teeth were D7953 and D6010. CCA denied the request for these services because they are not covered codes. The CCA consultant explained that CCA does not cover individual implants for its members. In addition, the CCA consultant stated that with multiple missing teeth there are alternate treatment plans such as partial dentures that CCA would authorize. The dental consultant testified that appellant could get plexiglass partials that are easier to put into appellant's mouth if appellant feels he would have a hard time inserting his dentures. The consultant explained that these types of dentures do not require adhesive and utilize soft clasps to go around the teeth.

The appellant appeared by telephone and testified that he was told by a CCA representative over the phone that CCA covered one implant per tooth per life which is why he requested implants. The appellant also stated that he has no bone left and has a hard time eating which is why he needs a bone graft and implants. The appellant further testified that he only has one arm so he is not sure if he can even do dentures as it would be difficult for him to care for them and insert and remove them from his mouth independently.

Findings of Fact

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

1. Appellant is enrolled in CCA's One Care Program since January 1, 2019.
2. On or about April 6, 2022, CCA received appellant's prior authorization request for a series of dental codes.
3. Appellant's provider had requested implants (D6010) on teeth 2, 3, 14, 16, and 30 with bone replacement graft for ridge preservation (D7953) for teeth 3, 14, and 30.
4. On April 7, 2022, CCA sent written notification that it had denied appellant's prior authorization request because they are not covered codes.
5. The CCA dental consultant stated that with multiple missing teeth there are alternate treatment

plans such as partial dentures that CCA would authorize.

6. Appellant stated that he has no bone left and has difficulty eating.
7. The appellant is also missing an arm which might make caring for a denture difficult.

Analysis and Conclusions of Law

Members who participate in an ICO obtain all covered services through the ICO (130 CMR 450.117(K)).

A member may enroll in an ICO if he or she meets the following criteria:

(A) Eligibility.

(1) In order to be eligible to enroll in an integrated care organization (ICO), a MassHealth member must meet all of the following criteria, and may not be enrolled or concurrently participate in any of the programs or plans listed in 130 CMR 508.007(F):

- (a) be 21 through 64 years of age at the time of enrollment;
- (b) be eligible for MassHealth Standard as defined in 130 CMR 450.105(A): *MassHealth Standard* or MassHealth CommonHealth as defined in 130 CMR 450.105(E): *MassHealth CommonHealth*;
- (c) be enrolled in Medicare Parts A and B, be eligible for Medicare Part D, and have no other health insurance that meets the basic-benefit level as defined in 130 CMR 501.001: *Definition of Terms*; and
- (d) live in a designated service area of an ICO.

(130 CMR 508.007).

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 (130 CMR 508.007(C)). ICO members may appeal a determination made by an ICO to the Board of Hearings pursuant to 130 CMR 508.010.

CCA's One Care Plan is a MassHealth ICO. CCA's Dental Provider Manual ("Manual"), Exhibit 7, describes which dental services the plan covers. According to the Manual, CCA's Dental Program "is based upon Commonwealth of Massachusetts regulations governing dental services found in 130 CMR 420.000 and 450.000." (Exhibit 7). Under these regulations, MassHealth pays for dental services when they are medically necessary¹ and covered by MassHealth's dental

¹ Pursuant to 130 CMR 450.204(A),

program. MassHealth's coverage of specific services varies depending on whether a member is under the age of 21 or is a client eligible for adult services through Massachusetts' Department of Developmental services (DDS).

Appellant's prior authorization request includes two different treatment types, implants and bone replacement grafts. Regarding implants, MassHealth's regulations do not cover "implants of any type or description" (130 CMR 420.421(B)(5)). CCA's One Care Plan is more generous and covers a maximum of 2 implants per arch when needed to support a complete lower or upper denture. (Exhibit 7, p. 84). Appellant's request is for single tooth implants, not to support a denture. Appellant has not demonstrated that CCA's denial of implants was made in error. Therefore, the denial as to the implants stands.

Regarding the bone replacement graft for ridge preservation (D7953), MassHealth does not list it as a covered code. CCA's One Care Plan only covers a bone replacement graft for procedure codes D4263 and D4264 and only where documentation supports need to correct bone defect (Exhibit 7, p. 47). Appellant's prior authorization request pertaining to the bone replacement graft is for procedure code D7953 which is not listed in CCA's One Care Plan as a covered service. Therefore, the denial as to the bone replacement graft for ridge preservation stands.

Appellant's provider may submit a new prior authorization accompanied by x-rays, photographs, and a narrative supporting the need for the implants and bone replacement graft, or develop a new treatment plan around covered services, such as a partial denture.

The 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

(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

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.

Radha Tilva
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: ICO Commonwealth Care Alliance, Attn: Cassandra Horne, 30 Winter Street, Boston, MA 02108