

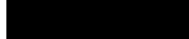
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2204652
Decision Date:	8/11/2022	Hearing Date:	08/01/2022
Hearing Officer:	Sara E. McGrath		

Appearances for Appellant:

, Appellant

Appearances for CCA:

Kaley Emery, Appeals Supervisor
Dr. Allen Finkelstein, Dental Consultant



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Prior Authorization
Decision Date:	8/11/2022	Hearing Date:	08/01/2022
UHC's Reps.:	Kaley Emery Dr. Allen Finkelstein	Appellant's Reps.:	Appellant
Hearing Location:	Board of Hearings (Remote)	Aid Pending:	No

Authority

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

Jurisdiction

Through a notice dated May 2, 2022, Commonwealth Care Alliance, an Integrated Care Organization (ICO) that contracts with MassHealth, notified the appellant that it had denied her internal appeal regarding a request for dental services (Exhibit 1). The appellant filed a timely appeal with the Board of Hearings (130 CMR 610.015(B)). Denial of a request for services is a valid basis for appeal (130 CMR 610.032).

Action Taken by UnitedHealthcare SCO

Commonwealth Care Alliance ICO denied the appellant's request for dental services, and then denied her internal appeal of that initial decision.

Issue

The appeal issue is whether the evidence supports Commonwealth Care Alliance ICO's denial of the appellant's request for dental services.

Summary of Evidence

A Commonwealth Care Alliance (CCA) appeals supervisor and dental consultant appeared at the hearing by phone and offered the following factual background through testimony and documentary evidence: The appellant is a female who has been a CCA One Care participant since February 2021. In April 2022, the appellant's provider requested a fixed bridge on the behalf of the appellant (Exhibit 4, p. 6).¹ On April 15, 2022, CCA notified the appellant that it had denied her request for these dental services on the basis that the requested services are not medically necessary (Exhibit 4, pp. 9-13). On April 29, 2022, the appellant filed an internal appeal of CCA's determination (Exhibit 4, p. 33). On May 2, 2022, CCA denied the appellant's internal appeal on the basis that the treatment proposed is beyond the scope of coverage and does not meet the criteria for medical necessity (Exhibit 4, pp. 51-60). The appellant appealed this determination to the Board of Hearings.

CCA referenced its Provider Manual which includes CCA's policies and procedures that govern its administration of dental benefits for CCA programs. The manual states the following: "The CCA Dental Program is based upon Commonwealth of Massachusetts regulations governing dental services found in 130 CMR 420.000 and 450.000" (Exhibit 5, p. 5). The manual also includes the following provision regarding prosthodontic dental services:

Provisions for a removable prosthesis will be considered when there is evidence that masticatory function is impaired, a serious aesthetic condition is present, when the existing prosthesis is unserviceable, or when masticatory insufficiencies are likely to impair the general health of the member (medically necessary). It is generally considered that eight posterior teeth in occlusion constitutes adequate masticatory function. One missing maxillary anterior tooth or two missing mandibular anterior teeth may be considered a serious aesthetic problem.

Provisions for a fixed prosthesis may be considered when there is one missing maxillary anterior tooth or two missing adjacent mandibular anterior teeth and the member's overall status would justify consideration.

A fixed prosthesis may not be utilized to replace an existing prosthesis (either fixed or removable).

A preformed denture with teeth already mounted forming a denture module is not a covered service.

(Exhibit 5, p. 45).

The CCA dental consultant testified that in addition to the limitations set forth above, CCA provides

¹ The provider requested the fixed bridge with the following dental procedure codes: D6245 (pontic #5) and D6740 (retainer crowns #4 and #6).

coverage only for those dental services that are medically necessary. When reviewing requests for prosthodontic services, such as dentures and bridgework, CCA determines medical necessity by assessing how to restore both arches to full function in the least costly manner. The dental consultant explained that the appellant is missing teeth in all four quadrants of her mouth, and that the least costly option to restore her mouth to full function is with an upper partial denture and a lower partial denture. The fixed bridge that has been requested would replace only one posterior tooth in the appellant's upper right quadrant (tooth #5). The appellant is also missing tooth #14 in her upper left quadrant. Further, he explained that the X-rays suggest that the bone support necessary to support a bridge in this area is questionable. A partial denture, which is also supported by the recipient's gum ridge, would likely be a longer-lasting, and thus less costly, option.

The appellant appeared at the hearing by phone and explained that she currently has both an upper partial denture and a lower partial denture.² She stated that CCA's concern about other missing teeth has therefore been addressed by the fact that she has partial dentures that replace those teeth. She explained that she wears the lower denture but has been unable to adapt to the upper denture. It is uncomfortable, causes her pain, and causes gum tension, tightness, and soreness. The denture makes her gag and causes headaches. Wearing the upper denture causes anxiety, frustration, and affects her mood. She has become depressed and nervous. She only wears it in public when needed. She explained that she could not wear the denture for the hearing because with it in, she cannot articulate, enunciate, or otherwise speak in a normal way. She further explained the upper denture presses on her nerves in a way that causes nerve pain. This nerve pain affects her daily activities in that it hinders her ability to rest, sleep, and stay calm. She stated that she has a disability and suffers from post-traumatic stress disorder. As a result, she lives on a fixed income and cannot afford to pay privately for the requested bridge.

The appellant added that she has great dental hygiene, and feels that the bridge would work well in her upper right quadrant. She is only missing one tooth in her upper left quadrant, and it is the last tooth in the back. She needs the bridge to have a normal facial structure, to prevent bone loss, to prevent the shifting/drift of her teeth, and to chew and eat better. She had initially requested a dental implant. After CCA denied the request and denied her internal appeal, she filed an appeal with the Board of Hearings. At the hearing, CCA representatives suggested that the appellant consider a fixed bridge. The appellant stated that she feels that it is unfair that she followed this recommendation and has now been denied coverage for the bridge.

The appellant submitted a letter from her dental provider's office, which states in part as follows:

Patient is in need of a bridge. Partial Denture will not work for the patient. Patient can not use Partial because patient gags, she is Psychologically very distressed when uses upper partial arch. Please re-consider this authorization to benefit patients [sic] health.

(Exhibit 3, p 1).

² The appellant stated that CCA paid for both partial dentures.

Findings of Fact

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

1. The appellant is a female who is a CCA One Care member.
2. In April 2022, the appellant's provider requested a fixed bridge for the appellant under the following dental procedure codes: D6245 (pontic #5) and D6740 (retainer crowns #4 and #6).
3. On April 15, 2022, CCA notified the appellant that it had denied her request on the basis that the requested dental services are not medically necessary.
4. On April 29, 2022, the appellant filed an internal appeal of CCA's determination.
5. On May 2, 2022, CCA denied the appellant's internal appeal for the same reason.
6. The appellant appealed this determination to the Board of Hearings.
7. The appellant is missing natural teeth in all four quadrants of her mouth.
8. The appellant has questionable bone support in the upper right quadrant of her mouth.
9. The appellant currently has both an upper partial denture and a lower partial denture.
10. The appellant consistently wears the lower partial denture.
11. The appellant does not consistently wear the upper partial denture due to issues with pain and gagging.
12. The appellant feels that the issues with the upper partial denture negatively impact her mental health and cause other issues such as headaches.

Analysis and Conclusions of Law

Under 130 CMR 610.018, MassHealth members who are enrolled in an integrated care organization are entitled to a fair hearing, as follows:

Appeal Process for Enrollees in an Integrated Care Organization

The Duals Demonstration Program uses a coordinated appeals process that provides enrollees with access to both the MassHealth and Medicare appeals processes. If the ICO internal appeals process denies a member's requested

covered benefits in whole or in part, the member may appeal to either IRE, BOH, or both, as described in 130CMR 610.018(A) through (C).

(A) If the member's appeal is denied in whole or in part, the ICO must automatically forward an external appeal about Medicare services to the IRE. The member may simultaneously appeal the ICO decision to the BOH.

(B) Services that are not covered by Medicare fee-for-service may only be appealed to the BOH. The ICO must notify the member if the service is not covered by Medicare and that the member has the right to appeal to the BOH.

(C) If the BOH or the IRE decides in the member's favor, the ICO must provide or arrange for the service in dispute as expeditiously as the member's health condition requires but no later than 72 hours from the date the ICO receives the notice of the BOH or the IRE decision.

In this case, the appellant has appealed to the Board of Hearings the CCA decision to deny her request for dental services. As set forth in the CCA Provider Manual, a fixed prosthesis may be considered when there is one missing maxillary anterior tooth. The appellant's missing maxillary teeth (#5 and #14), however, are both posterior teeth. Further, the Provider Manual limits consideration of a fixed prosthesis to members whose overall status would justify consideration. Here, CCA has presented unrefuted testimony that the appellant has questionable bone support in the upper right quadrant. Lastly, the Provider Manual indicates that a fixed prosthesis may not be utilized to replace an existing prosthesis (either fixed or removable). The appellant clarified at hearing that she currently has in her possession both an upper partial denture and a lower partial denture. The request fixed bridge may not, therefore, be utilized to replace the upper partial denture.

CCA also determined that the requested fixed bridge is not medically necessary. Pursuant to 130 CMR 450.204(A), a service is considered "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 or cause 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*.

Because the appellant already has partial dentures that replace her missing upper teeth, including tooth #5, the requested fixed bridge is not the least costly option available to restore the appellant's mouth to full function. While the appellant's complaints about the existing denture are certainly credible, she has not demonstrated that the requested fixed bridge is medically necessary.

There is insufficient evidence to conclude that the requested fixed bridge is in fact a covered service in this circumstance, or that it is otherwise medically necessary, and therefore the appellant has not met her burden here.³

The 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, within 30 days of your receipt of this decision.

Sara E. McGrath
Hearing Officer
Board of Hearings

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

³ CCA's determination is consistent with the MassHealth dental regulations and the sub-regulatory MassHealth Dental Program Office Reference Manual, neither of which includes a reference to fixed bridgework for members over the age of 21 or dental procedure codes D6245 or D6740 (130 CMR 420.401 *et seq*; <http://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>).

