

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2205009
Decision Date:	9/29/2022	Hearing Date:	08/25/2022
Hearing Officer:	Christopher Jones		

Appearance for Appellant:

Pro se

Appearance for CCA:

Cassandra Horne – Appeals and Grievances
Manager

Kaley Emery – Appeals Supervisor

Dr. Allen 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:	CCA – Dental
Decision Date:	9/29/2022	Hearing Date:	08/25/2022
CCA’s Rep.:	Cassandra Horne; Dr. Allen Finkelstein; Kaley Emery	Appellant’s Rep.:	Pro se
Hearing Location:	Remote	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 two Level 1 Appeal Denials dated May 16, 2022 and June 14, 2022, Commonwealth Care Alliance (“CCA”) denied the appellant’s requested dental procedures. (Exhibit 2; Exhibit 6A, pp. 51-55; Exhibit 6B, pp. 52-60.) 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 July 6, 2022.¹ (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 placement of a permanent implant for tooth number 12 and the placement of a crown on an implant at tooth number 10.

¹ The Board of Hearings dismissed this appeal because the appellant submitted a copy of the “Confirmation of Verbal Request for Reconsideration,” rather than a copy of the Level 1 Appeal Denial. (See Exhibits 3; 4.) On or around July 20, 2022, the appellant requested that the dismissal be vacated, and she alleged that she had never received the Level 1 denials she wished to appeal. (Exhibit 4.)

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

This appeal arises from two separate procedures requested through prior authorization, which remained denied following Level 1 Internal Appeals at CCA. On or around April 25, the appellant's dentist submitted requests for a crown on an implant at tooth number 10 (dental code D6058) and a new implant at tooth number 12 (dental code D6010). The appellant testified that these were intended to help keep a removable partial denture more securely in her mouth, which had been approved recently. The appellant's request for a hearing included a two-page letter providing a history of her current request. This letter states that the appellant's desired treatment plan would be for the crown to be approved for tooth number 10, an implant to be placed at tooth number 12, to have her bottom front teeth replaced with implants, and to have a fixed implant-supported overdenture installed. (Exhibit 2, p. 4.) She also submitted a letter from her physician saying that it was medically necessary that she not have a removable denture, as she has a medical condition that may result in recurrent vomiting and her removable dentures pose a choking hazard in these situations. (Exhibit 2, p. 5.)

Pointing to copies of its Provider Manual and MassHealth's Dental Program Office Reference Manual ("ORM"), CCA's representatives explained that implants are not covered by MassHealth or by CCA.² Generally, CCA only covers implants when there are no other teeth in the arch, then it will allow two implant posts to act as anchors for a removable denture. Furthermore, CCA was unable to evaluate the necessity of the requested implant-services because no treatment plan or letter of medical necessity from the dentist were submitted with the requests. The requested services also conflicted with the letter of medical necessity from her physician, as the requested services were for implants to which a removable appliance would be attached. The letter from her doctor explained that implants were necessary because removable dentures were problematic for her due to vomiting.

The appellant explained that she has been with CCA for years and in the past, she had been told that CCA approved one implant per tooth per lifetime. CCA's representatives testified that this is not the case and that their current policies have been the same for a long time. The appellant has an existing implant that she received following car accident over a decade ago. The requested crown was to replace the crown that had worn away. The second implant was requested to help anchor a removable denture that CCA had already authorized and that the appellant already had.

After a lengthy conversation, the appellant explained that she wanted fixed prosthodontics (prosthetic teeth) for all of her teeth, but she understood that they were not covered. She asked what

² 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 September 21, 2022.)

treatment she should be getting, but Dr. Finkelstein was unable to provide such an opinion as he was not her treating dentist. He suggested that she discuss her options with her dentist. It is possible that she could receive a partial removable denture with a free-end saddle, which is the type of partial denture that the appellant had recently requested and received from CCA. It is also possible that the appellant's dentist may feel it is better to proceed with a full removable prosthodontic if the appellant's remaining teeth cannot support a denture. However, Dr. Finkelstein emphasized the importance of having a comprehensive treatment plan from start to finish from the appellant's dentist, as he was unable to understand the rationale behind the requested implant care. He opined that there was nothing about the requested single implant and crown that would help improve the stability of the appellant's mouth or bite. With a comprehensive treatment plan, CCA would be able to evaluate each step as it fit into the overall treatment plan. The appellant did not want to have to start the whole process over again only to come back to another hearing once CCA denied her request. She understood CCA's denial but asked that a decision be issued to document the fact that she had appealed this time.³

Findings of Fact

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

1. On or around April 25, the appellant's dentist submitted requests for a crown on an implant at tooth number 10 (dental code D6058) and a new implant at tooth number 12 (dental code D6010). (Exhibit 6A, p. 1; Exhibit 6B, p. 1.)
2. Both of these requests were denied because CCA does not cover the requested implant-related codes. (Testimony by CCA's representatives; Exhibit 6C; Exhibit 6D.)
3. The appellant's physician wrote a letter indicating that she required fixed prosthodontics because she has vomiting episodes related to a medical condition that make removable prosthodontics a potential choking hazard. (Exhibit 2, p. 5.)
4. The requested procedure codes were intended to support a removable partial denture. (Testimony by the appellant.)

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

³ The appellant testified that she had appealed previously. An appeal was filed in 2020 (Appeal No. 2007769). This appeal was dismissed because the appellant appealed the prior authorization denial not the Denial of a Level 1 Internal Appeal.

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 “certain dentures including . . . overdentures and their attachments . . . ,” and “implants of any type or description” (130 CMR 420.421(B)(2), (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).⁴

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 post at tooth number 10. This section only 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. 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.)

CCA’s own guidelines allow more billing codes in the fixed prosthodontic range, but neither D6058 nor D6010 are listed as covered services. (See Exhibit 6C, p. 64-66.) CCA appears to cover fixed prosthodontics in certain circumstances, but removable prosthodontics remain heavily favored:

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 6C, p. 45 (emphasis added).)

CCA is correct that implant-related services are generally not covered. Further, the appellant’s generally desired service of an overdenture, as identified in her fair hearing request, is also not a covered service under MassHealth’s guidance. CCA allows fixed prosthodontics in more scenarios

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

than MassHealth would directly, but neither of the requested billing codes are covered by CCA, and the appellant's dentist would need to submit a narrative of medical necessity in order for CCA to evaluate whether any exception to the general prohibition on implant-related services should be appropriate.

Therefore, CCA was correct to deny coverage. This appeal is DENIED.

Order for MassHealth

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.

Christopher Jones
Hearing Officer
Board of Hearings

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