

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied in part;
Approved in part

Appeal Number: 2208059

Decision Date: 4/6/2023

Hearing Date: 02/17/2023

Hearing Officer: Scott Bernard

Appearance for Appellant:
Pro se via telephone

**Appearance for the Integrated Care
Organization (ICO):**

Cassandra Horne, Grievance and Appeals
Coordinator (the ICO representative) *via*
telephone

Dr. Alan Finkelstein, Clinical Advisor, (the
ICO dental consultant) *via* telephone



*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 in part; Approved in part	Issue:	ICO Dental Prior Authorization (PA)
Decision Date:	4/6/2023	Hearing Date:	02/17/2023
ICO's Rep.:	Cassandra Horne; Dr. Alan Finkelstein	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South		

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 October 17, 2022, the ICO denied the appellant's prior authorization (PA) request for “D6010 Surgical Placement Of Implant Body: Endosteal Implant for tooth #13/19/21/28/31, D6057 Custom Fabricated Abutment – Includes Placement for tooth #13/19/21/28/31, D6066 implant supported crown – porcelain fused to metal crown (titanium, titanium all for tooth #13/19/21/28/31, D2740 Crown – Porcelain/Ceramic for tooth #12/14, D6240 Pontic – Porcelain Fused to High Noble Metal for tooth #20, D6104 Bone Graft At Time Of Implant Placement for tooth #19/21/28, D4266 Guided Tissue Generation – Resorbable Barrier, Per Site for tooth #21/28/31.” because the services proposed were beyond the scope of coverage and did not meet the criteria for medical necessity. (See 130 CMR 420.429; 450.204; and Exhibit (Ex.) 1, p. 1). The appellant filed this appeal in a timely manner on October 26, 2022. (See 130 CMR 610.015(B) and Ex. 2). Denial of a PA request by a managed care contractor is valid grounds for appeal. (See 130 CMR 610.032).

On November 10, 2022, the Board of Hearings notified the appellant and the ICO that a hearing was scheduled for December 6, 2022. (Ex. 4). On December 1, 2022, the appellant requested that the hearing be rescheduled, which the Board allowed. (Ex. 5). On December 5, 2022, the Board notified the parties that the hearing was rescheduled to January 6, 2023. (Ex. 6). On January 4, 2023, the appellant contacted the Board and requested that the hearing be rescheduled. (Ex. 7). On January 20, 2023, the Board of Hearings scheduled the hearing to its present date. (Ex. 8).

Action Taken by the ICO

The ICO denied the appellant's PA request for proposed dental services because those dental services were beyond the scope of coverage and did not meet the criteria for medical necessity.

Issue

The appeal issue is whether the ICO was correct, pursuant to 130 CMR 420.429 and 450.204, in determining that the proposed dental services were beyond the scope of coverage and did not meet the criteria for medical necessity.

Summary of Evidence

The appellant is an individual under the age of 65 who has been enrolled in the ICO's plan since October 1, 2019. (Ex. 3). The ICO denied a request for procedures under Current Dental Terminology codes (CDTs) D6101 (surgical placement of an implant) for teeth 13, 19, 21, 28, and 31; D6057 (custom fabricated abutment) for teeth 13, 19, 21, 28, and 31; D6066 (Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)) for teeth 13, 19, 21, and 28; D2740 (porcelain ceramic crown) for teeth 12 and 14; D6240 (pontic, or fake middle tooth in a bridge) for tooth 20; D6104 (bone graft) for teeth 19, 21, and 28; D4266 (guided tissue generation) for teeth 21, 28, and 31). (Ex. 9, pp. 19-20).

The appellant, through her dentist, submitted the original request to the ICO on September 29, 2022. (See Ex. 9, pp. 2-7, 14). The ICO representative stated that the ICO forwards dental PAs to an outside dental benefits administrator, which collects and considers information and makes a determination based on the ICO's plan structure. On October 3, 2022, upon recommendation by the dental benefits administrator, the ICO sent the appellant's dentist a notice denying the request. (Ex. 9, pp. 8-13). On the same date, the dental benefits administrator sent a notice informing the appellant that they approved D7140 (extraction, erupted tooth or exposed root) for teeth 18, 21, 28, and 31. (Ex. 9, pp. 14-15). The appellant appealed the initial denial on October 10, 2022. (Ex. 9, p. 53). The ICO confirmed receipt of the appellant's initial request in writing on October 12, 2022. (Ex. 9, pp. 55-56). The ICO dental consultant independently reviewed the information submitted and determined that the denial should be upheld as being beyond the scope of coverage. (Ex. 9, p. 68). The ICO then issued the notice under appeal on October 17, 2022. (Ex. 1; Ex. 9, pp. 69-72).

The ICO dental consultant testified that the ICO follows the same medical necessity rules that are used by MassHealth. In this case, that would be restoration of the dentition to a state of function and as near to health as possible. The services requested in this case, however, are not covered by either MassHealth or the ICO. Unlike MassHealth, the ICO does allow for individual tooth implants but only in order to support partial dentures. This is limited to no more than two implants *per* arch. What has been requested here falls outside of that limited exception. Denial was therefore appropriate under the circumstances.

Prior to the hearing, the appellant submitted a 23-page packet to the Board of Hearings. (Ex. 13). This included a notice from the ICO that was dated May 31, 2022. (Ex. 10, pp. 15-17). This was an approval

of D7140 (extraction) for teeth 18, 21, 28, and 31; D4266 (gum surgery) for teeth 21, 28, and 31; as well as for D6104 (implant) for teeth 19, 21, 28). (Id.). In response, the ICO representative stated that the appellant did not make the ICO aware of this separate approval but that the ICO would honor it if the appellant wished to go forward with those procedures. The ICO dental consultant stated that these approvals would appear to be in accord with the ICO's dental plan. The three implants would be put in place in order to act as an anchor for a set of partial dentures.

The appellant was confused as to why the ICO approved the implants on May 31, 2022. She stated that the course of treatment was not for partial dentures, and she did not request dentures. The appellant stated that while dentures are cheaper in the short run, in the long run implants were more likely to last longer. She stated that the implants would do more to retain the structure of her mouth, are more natural looking, and prevent resorption of her remaining teeth. Dentures, on the other hand, cause a higher risk of tooth decay for the remaining teeth. The appellant stated that the PA request was medically necessary.

Findings of Fact

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

1. The appellant is an individual under the age of 65 who has been enrolled in the ICO's plan since October 1, 2019. (Ex. 3; Testimony of the ICO representative).
2. The appellant, through her dentist, submitted the original request to the ICO on September 29, 2022. (See Ex. 9, pp. 2-7, 14).
3. The ICO forwarded this dental PA to an outside dental benefits administrator, which collected and considered information submitted.
4. The dental benefits administrator, based on the ICO's plan structure, informed the ICO that the PA should be denied. (Testimony of the ICO representative).
5. On October 3, 2022, the ICO sent the appellant's dentist a notice denying the request. (Ex. 9, pp. 8-13).
6. On the same date, the dental benefits administrator sent a notice informing the appellant that they approved D7140 (extraction, erupted tooth or exposed root) for teeth 18, 21, 28, and 31. (Ex. 9, pp. 14-15).
7. The appellant appealed the initial denial on October 10, 2022. (Ex. 9, p. 53).
8. The ICO confirmed receipt of the appellant's initial request in writing on October 12, 2022. (Ex. 9, pp. 55-56).
9. The ICO dental consultant independently reviewed the information submitted and determined that the denial should be upheld as being beyond the scope of coverage. (Ex. 9, p. 68).
10. The ICO then issued the notice under appeal on October 17, 2022. (Ex. 1; Ex. 9, pp. 69-72).

11. The ICO denied a request for procedures under CDTs D6101 (surgical placement of an implant) for teeth 13, 19, 21, 28, and 31; D6057 (custom fabricated abutment) for teeth 13, 19, 21, 28, and 31; D6066 (Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)) for teeth 13, 19, 21, and 28; D2740 (porcelain ceramic crown) for teeth 12 and 14; D6240 (pontic, or fake middle tooth in a bridge) for tooth 20; D6104 (bone graft) for teeth 19, 21, and 28; D4266 (guided tissue generation) for teeth 21, 28, and 31). (Ex. 1; Ex. 9, pp. 19-20).
12. Unlike MassHealth, the ICO does allow for up to two tooth implants *per arch* but only in order to support partial dentures. (Testimony of the ICO dental consultant).
13. In a notice dated May 31, 2022, the ICO approved a request for D7140 (extraction) for teeth 18, 21, 28, and 31; D4266 (gum surgery) for teeth 21, 28, and 31; as well as for D6104 (implant) for teeth 19, 21, 28). (Ex. 10, pp. 13-17).
14. The ICO would honor the May 31, 2022 approval if the appellant wished to proceed with those procedures. (Testimony of the ICO representative).

Analysis and Conclusions of Law

MassHealth members younger than 65 years old, except those excluded under 130 CMR 508.004, must enroll in the Primary Care Clinician (PCC) Plan or a MassHealth-contracted integrated care organization (ICO) available for their coverage type. (130 CMR 450.117(A); 130 CMR 508.002). MassHealth managed care options include an ICO for MassHealth Standard and CommonHealth members who also meet the requirements for eligibility set forth under 130 CMR 508.007. 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, and therefore includes dental services as part of its coverage. Under MassHealth regulations, the ICO must, at minimum, cover what non-managed care MassHealth covers. MassHealth only pays for fixed partial dentures/bridge for anterior teeth for members younger than 21 years old with two or more missing permanent teeth. (130 CMR 420.429(A)). According to the ICO representatives, the ICO has also chosen to cover fixed partial dentures if it is part of a decision to support a full denture. The appellant has requested that the ICO pay for far more implants than this. Neither the ICO nor MassHealth cover implants in this quantity. Furthermore, the appellant has requested other services that neither MassHealth nor the ICO cover. The ICO's decision to deny coverage in this case was supported by the evidence in the record here.

For the above stated reasons, the appeal is DENIED IN PART.

The appellant did submit an ICO notice dated May 31, 2022, which approved some (but not all) of the same procedures it denied in the notice under appeal. The ICO representative acknowledged that the ICO had done this and stated that the ICO would honor the approved procedures in that notice.

For the above stated reasons, the appeal is APPROVED IN PART.

Order for the ICO

The procedures approved in the May 31, 2022 notice should be honored if the appellant wishes to proceed with them.

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.

Implementation of this Decision

If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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