

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304056
Decision Date:	11/6/2023	Hearing Date:	9/5/2023
Hearing Officer:	Cynthia Kopka	Record Open to:	10/30/2023

Appearance for Appellant:



Appearance for Commonwealth Care Alliance
(CCA):

Cassandra Horne, Appeals and Grievances
Manager

Dr. Alan Finkelstein

Kaley Ann Emery, Appeals and Grievances
Supervisor



*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:	Managed care – prior authorization (dental)
Decision Date:	11/6/2023	Hearing Date:	9/5/2023
Respondent's Rep.:	Cassandra Horne, Kaley Ann Emery, Dr. Alan Finkelstein	Appellant's Rep.:	Pro se with social worker
Hearing Location:	Quincy (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

By notice dated February 27, 2023, Commonwealth Care Alliance (CCA), a MassHealth Integrated Care Organization (ICO), denied Appellant's request for prior authorization of dental services. Exhibit 1. On March 23, 2023, CCA denied Appellant's Level I appeal. Appellant filed this appeal in a timely manner on May 16, 2023. Exhibit 2. 130 CMR 610.015(B). Denial of assistance is a valid basis for appeal. 130 CMR 508.010, 130 CMR 610.032(B). The hearing record was held open through October 30, 2023 for the submission of additional evidence. Exhibit 6.

Action Taken by Respondent

CCA denied Appellant's prior authorization request for dental services.

Issue

The appeal issue is whether CCA was correct in denying Appellant's prior authorization request for dental services.

Summary of Evidence

CCA's representatives, including appeals and grievances manager, supervisor, and dental consultant, appeared by phone and provided written materials in support. Exhibits 4 and 5. Appellant appeared by phone with his social worker. A summary of testimony and written materials follows.

Appellant has been enrolled in CCA's OneCare program since [REDACTED] 2023. Appellant's dentist submitted a prior authorization request to CCA for dental service code D6010, surgical placement of implant body; endosteal implant (hereinafter referred to as "implant") for teeth #9, 10, 11, and 12. Exhibit 4 at 1. On February 27, 2023, CCA's dental benefit administrator Scion denied this request, determining that it was not medically necessary. CCA's dental consultant testified that CCA will authorize the dental service code if x-rays from the provider show that there is only one missing tooth in the arc, typically occurring after a trauma when only one tooth is lost. Exhibit 5 at 43. Here, there were multiple teeth missing in the arch.

On March 13, 2023, Appellant filed a Level I appeal of the denial, reporting that he "got 1 bone graft done. He needs 4 and he also got approved for 3 crowns. He's upset because he was denied for implants. He says it's very hard from him to eat." Exhibit 4 at 32. Appellant reported that it was affecting his mental health and confidence, and it was making him uncomfortable. *Id.* CCA conducted an independent desk review of materials used to make the initial denial and any other materials available at the time of appeal. Here, [REDACTED] dental consultant, reviewed the materials and denied the request on March 23, 2023. The Level I denial stated that the treatment proposed is beyond the scope of coverage and does not meet the criteria for medical necessity. Exhibit 4 at 48.

[REDACTED] testified that the treatment plan was for four individual implants to replace teeth on the upper arch, which is not a covered benefit under MassHealth's regulations. In addition to the circumstance of a single missing tooth, CCA will also cover an implant support of a full denture if a member is missing all teeth in an arch. Exhibit 5 at 43. That circumstance was not present here. There are alternative treatment plans available for restoration of Appellant's teeth that are covered services, such as a partial denture.

Appellant testified that he had received four painful bone grafts under local anesthesia in anticipation of receiving the implants. Appellant would not have undergone this painful procedure had he known the request would be denied. Appellant is devastated and feels he has been mistreated as a disabled person. Appellant argues that he exercises excellent dental hygiene and does not smoke. Appellant has begun advocating for comprehensive dental benefits for all members. Regarding the alternative treatments, Appellant has tried a partial denture in the past but it has never worked, so he will refuse to wear one. It was painful to eat with the partial denture, and it was subject to breaking.

CCA's representative testified the proper way for the provider to submit the request for bone

grafts and implants would have been to submit a comprehensive treatment plan including authorization for both the bone grafts and implants, as outlined in the manual. Had a comprehensive treatment plan been submitted here, Appellant's dentist would have been notified that the implants were not covered prior to performing the bone grafts, and then Appellant could have elected not to undergo the painful procedure.¹ The dental consultant suggested a Flexiplast partial denture, which is smaller and possibly more comfortable. The dental consultant also testified that now that Appellant has bone grafts, that would give more support to the area where the missing teeth are and potentially make any denture more comfortable to wear and use.

Appellant's representative testified that this process has been disappointing to Appellant, who had the goal of restoring his teeth. Appellant had gone to multiple dental offices and felt misled by CCA into getting the bone grafts. It has been an unfortunate experience for him.

The hearing record was held open to give Appellant and his representative time to provide any further information, and for CCA to review and respond. Exhibit 6. Appellant's representative opted not to provide further response. *Id.*

Findings of Fact

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

1. Appellant is enrolled in CCA's OneCare program, a MassHealth ICO.
2. Appellant's dentist submitted a prior authorization request to CCA for dental service code D6010, implants, for teeth #9, 10, 11, and 12. Exhibit 4 at 1.
3. On February 27, 2023, CCA denied this request. For tooth 12, CCA wrote that this is not a covered service for this tooth. For teeth 9, 10, and 11, CCA wrote that

[t]his service is denied. This request is not medically necessary. This implant service can be covered if x-rays sent by your provider show that there is only one (1) missing front tooth in the arch. The records sent show other teeth are missing in the arch. The criteria used for review can be found in the Clinical Criteria section of the Commonwealth Care Alliance Dental Provider Manual.

Exhibit 1.

4. On March 13, 2023, Appellant filed a Level I appeal, reporting that he "got 1 bone graft

¹ Appellant departed from the hearing at approximately this time, declining to return to the call. Appellant's representative continued through the remainder of the hearing on Appellant's behalf.

done. He needs 4 and he also got approved for 3 crowns. He's upset because he was denied for implants. He says its very hard from him to eat." Appellant reported that it was affecting his mental health and confidence, and it was making him uncomfortable. Exhibit 4 at 32.

5. On March 23, 2023, CCA denied Appellant's Level I appeal, finding the request was beyond the scope of coverage and did not meet the criteria for medical necessity. *Id.* at 48.
6. Appellant filed this timely request for hearing on May 16, 2023. Exhibit 2.
7. Appellant is missing more than one tooth on his upper arch.
8. There are alternative treatment plans for restoration of Appellant's teeth covered by CCA, such as a partial denture.

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 MCO available for their coverage type. 130 CMR 450.117(A) and 130 CMR 508.002. MassHealth managed care options include an integrated care organization (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. CCA's Dental Provider Manual ("Manual"), Exhibit 5, 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 5 at 5. Under these regulations, MassHealth pays for dental services when they are medically necessary² and covered by MassHealth's dental 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 was for implants, dental service code D6010. 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 implants under code D6010 under the following circumstances:

- Documentation shows healthy bone and periodontium
- Replacement for 1 missing anterior tooth when no other teeth (excluding 3rd molars) are missing in the arch
- A maximum of 2 mandibular or maxillary anterior implants for the purpose of supporting a denture where there is minimal ridge present
- Free from presence of periodontal disease.

Exhibit 5 at 43.

² Pursuant to 130 CMR 450.204(A),

(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

Here, Appellant's request was for four individual implants to replace four teeth, which does not meet the criteria for approval under MassHealth's regulations or CCA's policy. Accordingly, Appellant has not demonstrated that CCA's denial of implants was made in error. As such, this appeal is denied.

Order for Respondent

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

cc:

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

