

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304226
Decision Date:	8/11/2023	Hearing Date:	06/30/2023
Hearing Officer:	Casey Groff, Esq.		

Appearances for Appellant:



Appearances for SCO:

Cassandra Horne, Appeals & Grievances
Manager, Commonwealth Care Alliance
(CCA);
Kaley Ann Emery, Appeals and Grievances
Supervisor; CCA;
Allen Finkelstein, DDS, Dental MD, CCA

Interpreter: Spanish, Elizabeth Kessler



*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:	Dental Prior Authorization, SCO
Decision Date:	8/11/2023	Hearing Date:	06/30/2023
SCO's Rep.:	Cassandra Horne, <i>et. al.</i> (from CCA)	Appellant's Rep.:	<i>Pro se</i> ; Daughter
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 a notice dated April 21, 2023, Commonwealth Care Alliance (CCA), a Senior Care Organization (SCO) and Managed Care Contractor (MCC) for MassHealth, notified Appellant that it denied his Level 1 Appeal regarding his prior authorization (PA) request for coverage of a dental bridge. See Exh. 1 and Exh. 4, p. 3. On May 22, 2023, Appellant filed a timely request for a fair hearing with the Board of Hearings.¹ See Exh. 2, p. 4 and 130 CMR 610.015(B)(7)(a). Denial of assistance is valid grounds for appeal.² See 130 CMR 610.032(B).

Action Taken by SCO

Pursuant to a Level 1 internal appeal, CCA denied Appellant's request for a dental bridge based on its determination that the requested service was beyond the scope of coverage and did not meet the criteria for medical necessity.

¹ MCC enrollees, which include SCO members, have 120 days after their receipt of the MCC's final internal appeal decision to request a fair hearing from BOH. See 130 CMR 610.015(B)(7)(a).

² Fair Hearing regulations at 130 CMR 610.032(B) set forth the specific bases under which any enrollee of a MCC, including SCO members, may request a fair hearing. Grounds for appeal include, but are not limited to, the MCC's failure to provide services in a timely manner, a decision to deny or provide limited authorization of a requested service; and a decision to reduce, suspend or terminate a previous authorization for a service.

Issue

The appeal issue is whether CCA was correct in denying Appellant's request for a dental bridge based on the determination that the proposed treatment exceeded the scope of coverage and was not medically necessary.

Summary of Evidence

Representatives from CCA appeared via telephone and offered the following factual background through testimony and documentary evidence: Appellant is a MassHealth member over the age of 65 and has been enrolled in a Senior Care Organization (SCO) through the Commonwealth Care Alliance (CCA) since May of 2019. On March 17, 2023, CCA received a PA request from Appellant's dental provider seeking coverage of a six-unit anterior dental bridge comprised of the seven (7) individual procedures and corresponding service codes: *D6740 retainer crown-porcelain/ceramic* (requested for tooth #6, #7, and #11); *D2954 prefabricated post & core in addition to crown* (requested for tooth #7); and *D6245 pontic-porcelain/ceramic* (requested for tooth #8, #9, and #10). See Exh. 4, pp. 1-2.

On March 17, 2023, CCA's dental benefit administrator denied the PA request based on a determination that the documentation included with the proposed treatment plan did not meet clinical criteria to demonstrate medically necessary. Id. at 3, 10-11. CCA notified Appellant of the denial and provided the following basis for its decision:

A bridge is covered if x-rays sent by your provider show the supporting teeth have at least 50% of bone to support the bridge. The records sent do not show the supporting teeth have at least 50% of bone.

Id.

According to the CCA representatives, this requirement and other clinical coverage criteria are outlined in the CCA provider manual. See Exh 5, p. 47. In addition, CCA denied the request for a pontic on tooth #9 (D6245) because "the maximum frequency for this code has been reached." See id. CCA explained that it reimbursed Appellant's provider for D6245 on tooth #9 within a 60-month benefit limit period and he is therefore not eligible at this time for replacement.

On April 7, 2023, Appellant requested reconsideration of CCA's initial determination, prompting CCA to conduct a Level 1 internal appeal. Id. at 37. Upon review, Dr. Allen Finkelstein, CCA's dental director affirmed the initial determination to deny the requested treatment. On 4/21/23, CCA notified Appellant of the Level 1 determination and described its rational for its decision, as follows:

We agree with our initial decision and are denying the request because: The appeal for requested services is denied as the treatment proposed is beyond the scope of coverage and does not meet the criteria for medical necessity. According to the Evidence of Coverage Chapter 3, Section 1.2 and Ch. 4, Section 2.1, your services (including medical care, services, supplies, and equipment) must be medically necessary. "Medically necessary" means that the services, supplies, or drugs are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

Id. at 59

At the hearing, Dr. Finkelstein testified on behalf of CCA and explained that the provider's PA request for a 6-unit front anterior bridge did not include sufficient documentation to satisfy the clinical coverage requirements used to determine medically necessary. Dr. Finkelstein agreed with the findings from the initial review, specifically, that the x-rays were questionable in showing whether 50% bone support was available to support a bridge. Additionally, the provider requested a post/core on tooth 7, but the x-ray provided showed an infection at the apex of the tooth and no proof that a root canal had been performed. Another major factor in the decision to deny the treatment, is that the provider's proposed treatment plan was incomplete. Dr. Finkelstein explained that while the treatment plan addresses a single front missing tooth, the records show that he is missing four posterior back teeth. There was no mention in the PA request how this major component of dental care would be treated. These teeth are essential for Appellant's function and need to be addressed as part of the overall treatment plan. Because it is an incomplete treatment plan that does not satisfy comprehensive dental care standards, the request was denied.

Appellant and his daughter appeared at the hearing by telephone and testified via a Spanish interpreter as follows: Appellant sustained a fall last year which caused him to lose several teeth, including three front teeth and back grinder.³ Appellant has been suffering from depression and anxiety because of how this affects his appearance. Every time he smiles, his gums are exposed. Both Appellant and his daughter explained that the delay in treatment is severely affecting his mental health. His daughter explained that their culture places emphasis on expecting men to appear presentable and put together. Appellant feels like he cannot smile or open his mouth because of his appearance. Appellant's daughter stated that his entire family is concerned for his worsening depression and its negative impact on other areas of his health and ability to care for himself. Appellant argued that he needs the treatment not only for

³ Appellant explained his fall occurred during a year-long wait for MassHealth to replace his damaged scooter. During this time, he resorted to ambulating with a walker, which he was using during his fall and caused the dental injury.

function, but also to improve his mental health. Appellant argued that he did not understand why CCA would not approve treatment that has been recommended by his dentist.

Findings of Fact

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

1. Appellant is a MassHealth member over the age of 65 and has been enrolled in CCA's SCO program since May of 2019.
2. In the previous year, Appellant sustained a fall while using his walker which causing him to lose multiple teeth.
3. On March 17, 2023, CCA received a PA request from Appellant's dental provider seeking coverage of a six-unit anterior dental bridge comprised of the seven (7) individual procedures and corresponding service codes: *D6740 retainer crown-porcelain/ceramic* (requested for tooth #6, #7, and #11); *D2954 prefabricated post & core in addition to crown* (requested for tooth #7); and *D6245 pontic-porcelain/ceramic* (requested for tooth #8, #9, and #10).
4. On March 17, 2023, CCA's dental benefit administrator denied the PA request based on a determination that the documentation included with the proposed treatment plan did not meet clinical criteria to demonstrate medically necessary.
5. CCA notified Appellant of the denial and provided the following basis for its decision: A bridge is covered if x-rays sent by your provider show the supporting teeth have at least 50% of bone to support the bridge. The records sent do not show the supporting teeth have at least 50% of bone.
6. In addition, CCA denied the request for a pontic on tooth #9 (D6245) because CCA reimbursed Appellant's provider this exact procedure within a 60-month benefit limit period.
7. On April 7, 2023, Appellant requested reconsideration of CCA's initial determination, prompting CCA to conduct a Level 1 internal appeal.
8. On 4/21/23, CCA affirmed its initial coverage determination through a Level 1 appeal and notified Appellant for decision, as follows: We agree with our initial decision and are denying the request because: The appeal for requested services is denied as the treatment proposed is beyond the scope of coverage and does not meet the criteria for medical necessity. According to the Evidence of Coverage Chapter 3, Section 1.2 and Ch. 4, Section 2.1, your services (including medical care, services, supplies, and

equipment) must be medically necessary. “Medically necessary” means that the services, supplies, or drugs are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

9. The PA request did not include x-rays that were sufficient to show of a minimum of 50% bone support available to support the bridge.
10. The PA request did not show that Appellant received a root canal treatment on tooth #7 as a prerequisite for placement of a post/core.
11. The PA did not include reference to proposed dental treatment for Appellant’s missing four posterior teeth.

Analysis and Conclusions of Law

The Commonwealth Care Alliance (CCA) is a Senior Care Organization (SCO) that contracts with MassHealth and Medicare to provide an array of health services to dual eligible members over the age of 65. See M.G.L. c. 118E, § 9D(a). As a SCO, CCA is responsible for providing enrolled members, such as Appellant, with the full continuum of Medicare and MassHealth covered services. See id.; see also 130 CMR 610.004; 130 CMR 450.105. The SCO must ensure that the “duration and scope of Medicaid-covered services [available to its members] shall be *at a minimum no more restrictive than the scope of services provided under MassHealth standard coverage...*” See M.G.L. c. 118E, § 9D(d). Upon enrollment, the SCO is required to provide members “evidence of its coverage” including a complete list of participating providers, the range of available covered services, and how to obtain access to covered services. See 130 CMR 508.008(C). Any member that receives an adverse coverage determination by the SCO and exhausts all remedies through its internal appeal process, may request a fair hearing with the Board of Hearings under 130 CMR 610.000 et. seq. See 130 CMR §§ 610.002, 610.032(B); see also 130 CMR 508.010(B). As Appellant received an adverse Level 1 appeal determination by CCA, he is entitled to a fair hearing. See 130 CMR 610.032(B); see also M.G.L. c. 118E, § 48,

This issue on appeal is whether CCA correctly upheld its initial determination to deny Appellant’s PA request for a six-unit anterior dental bridge comprised of the following procedures: *D6740 retainer crown-porcelain/ceramic* (requested for tooth #6, #7, and #11); *D2954 prefabricated post & core in addition to crown* (requested for tooth #7); and *D6245 pontic-porcelain/ceramic* (requested for tooth #8, #9, and #10). See Exh. 4 at 1-2. As stated above, CCA is responsible for ensuring Appellant has access to the full range of Medicaid benefits, which are, at a minimum, no more restrictive that the services provided under MassHealth standard. See M.G.L. c. 118E, § 9D(d).

MassHealth covers medically necessary dental services “that are listed in Subchapter 6 of the

Dental Manual [and] in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456.” 130 CMR 420.421(A). MassHealth dental regulations list the requested treatment in this case – a dental bridge – as a non-covered service for members 21 years of age or older.⁴ Furthermore, procedure codes D6740 (retainer crown) and D6245 (pontic), which comprise six of the seven requested procedures– do not appear in subchapter 6 of the MassHealth dental manual as they are not covered by MassHealth. MassHealth does list D2954 (prefabricated post/core) as an individual covered service and this would be applicable when used in conjunction with covered restorative services, such as a single unit crown. See MassHealth Dental Manual Subchapter 6.

In accordance with M.G.L. c. 118E, § 9D(d), CCA has opted to provide its SCO members with a broader range of dental service options than those offered by MassHealth, including the services requested by Appellant. Coverage, however, is subject to a prior authorization determination by CCA that the treatment is “medically necessary.” See Exh. 5 at 57, 65. In conjunction with the MassHealth regulations, CCA defines medical necessity as “accepted health care services and supplies provided by health care entities appropriate to the evaluation and treatment of a disease, condition, illness, or injury and consistent with the applicable standard of care.” See id. at 39. Pursuant to its Clinical Criteria for Prior Authorization, CCA deems a bridge medically necessary when the requesting provider has submitted evidence of a “minimum of 50% bone support, no periodontal furcation, no subcrustal caries, and a clinically acceptable [root canal treatment].” Id. at 41. In addition, CCA places a benefit limit on both D6245 and D6740 to “once [for each service] per 60 months per patient per tooth.” Exh. 5, p. 65.

Although the requested dental treatment is explicitly not covered under MassHealth, CCA reviewed Appellant’s PA request under its more expansive range of services offered to its SCO members. At hearing, CCA persuasively testified that that PA documentation submitted by the provider failed to satisfy the requisite clinical criteria, discussed above, to demonstrate medical necessity. According to CCA’s dental director, the records did not show that Appellant underwent a root canal on tooth #7 - a prerequisite for placement of a post/core (D2954). Additionally, the x-rays did not clearly depict a minimum of 50% bone support to support the bridge. Lastly, the provider did not include, or refer to, any plan to treat Appellant’s four missing posterior teeth, which are essential for his functioning and a major component of his dental care. Dr. Finkelstein opined that in consideration of these omissions, the proposed treatment plan failed to satisfy the standards for medically necessary comprehensive dental care and under the MassHealth regulations and CCA coverage requirements. In consideration of the totality of evidence presented, Appellant did not meet his burden of proof in demonstrating that CCA erred in denying

⁴ Pursuant to 130 CMR 420.421(D), “[t]he MassHealth agency does not pay for the following services for members 21 years of age and older: (2) prosthodontic services (fixed) as described in 130 CMR 420.429.” The referenced provision states that “MassHealth only pays for fixed partial dentures/bridge for anterior teeth only for members younger than 21 years old and with two or more missing teeth.” 130 CMR 420.429.

his PA request.

For these reasons, this appeal is DENIED.

Order for SCO

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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:

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