

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied in part; approved in part	Appeal Number:	2313216 and 2313759
Decision Date:	4/2/2024	Hearing Date:	01/09/2024
Hearing Officer:	Radha Tilva	Record Open to:	03/29/2024

Appearance for Appellant:

Pro se

Appearance for Commonwealth Care
Alliance:

Dr. Finkelstein, Medical Reviewer

Kaley Ann Emery

Cassandra Horne, Manager of Appeals and
Grievances



*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:	Prior Authorization - dental
Decision Date:	4/2/2024	Hearing Date:	01/09/2024
MassHealth's Rep.:	Dr. Finkelstein, Kaley Ann Emery, Cassandra Horne	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 November 10, 2023, Commonwealth Care Alliance "CCA" denied appellant's prior authorization request for D6056, D6059, and D6010 for tooth number #5 (Exhibit 1). The appellant filed this appeal in a timely manner on December 15, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Through another notice dated December 7, 2023 CCA denied appellant's prior authorization request for D6056 and D6057 for tooth number #12 (Exhibit 7). The appellant filed this appeal in a timely manner on December 26, 2023 (Exhibit 8). Both denials were consolidated and appeals were scheduled to be heard on the same hearing day. Challenging a prior authorization request is valid grounds for appeal (see 130 CMR 610.032).

At hearing the record was left open for appellant to submit additional evidence from the provider supporting approval for tooth number 12. Appellant stated during the record open period that she submitted the documents to CCA, however, no response was received from CCA regarding the review of the documentation until March 28, 2024, which was well after the due date of February 6, 2024. The hearing officer reached out to appellant and asked for her to submit the provider's supporting documentation to the hearing officer. The record closed on March 28, 2024, the date the hearing officer received the supporting documentation from appellant and CCA's response. (Exhibit 11)

Action Taken by CCA

CCA denied appellant's prior authorization request for D6056, D6059, and D6010 for tooth #5. CCA also denied appellant's prior authorization request for D6056 and D6057 for tooth #12.

Issue

The appeal issue is whether CCA was correct in denying appellant's prior authorization requests for D6056, D6059, and D6010 for tooth #5 and D6056 and D6057 for tooth #12.

Summary of Evidence

Commonwealth Care Alliance appeared by telephone and was represented by telephone by the Manager of Appeals and Grievances and the dental reviewer. CCA testified that appellant was enrolled in CCA's One Care program since August 1, 2023. The representative further explained that appellant was denied authorization for codes D6056, D6059, and D6010 for tooth number 5. D6010 is for a surgical placement of an implant, D6056 is for a prefabricated abutment which includes modification and placement, and D6059 is for an abutment supported porcelain infused metal crown. The original request was denied on October 20, 2023 because the request was not medically necessary. The denial stated that the service can be covered if x-rays sent by the provider show that there is only one missing tooth in the arch (Exhibit 4, p. 11). The records sent show other teeth are missing in the arch (Exhibit 4, p. 11). The appellant filed an appeal to that denial on November 2, 2023. An impartial review was performed by CCA following that appeal. The Level 1 appeal was independently reviewed by [REDACTED] and denied on November 10, 2023 as the requested services were beyond the scope of coverage and did not meet the criteria of medical necessity (Exhibit 1).

[REDACTED] testified that CCA will cover an implant under two circumstances. The first is when there are no teeth present at all in the upper or lower arch then two implants will be paid for to support placement of a denture or second if the mouth is otherwise in healthy condition and one front tooth is considered missing then an implant would be paid for by CCA. Otherwise, implants are not a covered service in Massachusetts. [REDACTED] reiterated that there are multiple missing teeth in the upper arch which would disqualify appellant from receiving an implant in the back of her mouth (which is where tooth #5 is located). [REDACTED] explained that appellant can request a partial denture to replace all of her missing teeth as an alternative.

With respect to the second prior authorization request under appeal for tooth number 12 the requested services included D6056 and D6057. D6056 is for a prefabricated abutment which includes modification and placement and D6057 is for a custom fabricated abutment which

includes placement (Exhibit 7). The services were denied on November 20, 2023 indicating that these are not medically necessary services as a crown or bridge held in by implant is covered if notes sent in by the provider show that an implant is approved. On November 30, 2023 the appellant submitted an appeal to that denial which was reviewed by [REDACTED]. On December 7, 2023, a denial letter was issued which stated that the requested services were denied as the treatment proposed was beyond the scope of coverage and did not meet medical necessity criteria (Exhibit 7). [REDACTED] testified that the appellant has an implant in place at tooth number 12 and as the implant is not approved by CCA it cannot be restored. [REDACTED] testified that upon review of the x-rays he did find that there was a fully integrated surgical implant with good crown/root ratio and he also saw healthy bone and periodontium surrounding the surgical implant. He could not tell if the implant was free from periodontal disease upon review of the x-rays.

The appellant stated that she has worked really hard to get to the point of where she is at. The appellant has paid cash to get an implant on her own for tooth number 12 and has paid for a bone graft for tooth number 5. The appellant stated that she has tooth 3 and 2 but is missing other teeth there. The appellant is on Social Security Disability benefits and cannot afford to pay for this on her own. The appellant stated that she did not understand what a partial denture is. [REDACTED] explained what one was at hearing, but the appellant stated that she is not interested in it as she believes that it would be very uncomfortable.

The record was left open for appellant to submit supporting documentation from her provider that the request for tooth #12 meets MassHealth's criteria. Appellant submitted that documentation to CCA within the record open period. CCA's response upon review of the documentation was due February 6, 2024, however, no response was received until March 28, 2024 when the hearing officer reopened the record to ask appellant to submit her documentation from the provider of medical necessity.

Appellant's letter from her provider, dated January 25, 2024, stated that the requested codes for tooth #12 are medically necessary and beneficial to the appellant (Exhibit 10). The letter further stated that the implanted is supported with good bone, with no sign of peri-implantitis, and has good crown to root ratio (*Id.*). Moreover, the letter further stated that the restoration of tooth #12 was medically necessary as not having a tooth would lead to decreased nutrition causing health issues, shifting of the adjacent teeth, and leading to collapse of an occlusion (*Id.*).

Findings of Fact

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

1. Appellant is a Commonwealth Care Alliance, One Care member since August 1, 2023.

2. Appellant's provider submitted a request for D6010, D6056, and D6059 for tooth #5 which was originally denied on October 20, 2023.
 - a. D6056 is for a prefabricated abutment which includes modification and placement.
 - b. D6010 is for surgical placement of an implant.
 - c. D6059 is for an abutment supported porcelain infused metal crown.
3. The appellant filed an appeal to that denial on November 2, 2023 and an impartial review was performed by [REDACTED].
4. On November 10, 2023 the Level 1 appeal was denied as the requested services were beyond the scope of coverage and did not meet the criteria for medical necessity.
5. CCA will cover implants when there are no teeth present at all in the upper and lower arch to help support the placement of a denture and the second is if the mouth is otherwise in a healthy condition and one front tooth is considered missing.
6. Tooth number 5 is a posterior tooth and appellant has multiple missing teeth in the upper arch.
7. A second prior authorization request denial was consolidated with the denial for tooth #5.
8. The request was for D6056 and D6057 for tooth #12 which was denied by CCA on November 20, 2023 because it is not medically necessary.
9. On November 30, 2023 the appellant submitted an appeal to the denial which was reviewed and on December 7, 2023 a denial letter issued which stated that that the requested treatment was beyond the scope of coverage and did not meet medical necessity criteria.
10. Appellant has an implant already in place at tooth #12 which CCA did not approve.
11. Appellant has a fully integrated surgical implant with good crown to root ratio with evidence of healthy bone and periodontum.
12. Appellant's provider further states that appellant implant is supported with good bone, there is no sign of peri-implantitis, and there is evidence of good crown to root ratio.

Analysis and Conclusions of Law

CCA's provider manual states the following criteria for approval of an implant:

Documentation shows healthy bone and periodontum, 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, and free from the presence of periodontal disease.

(see Exhibit 6 and 12). Based on the above criteria, CCA did not err in denying appellant's prior authorization request for D6056, D6059, and D6010 for tooth #5. It is undisputed that tooth #5 is a posterior tooth and the criteria above makes clear that CCA only covers anterior implants and even then, only when it meets the other criteria. The appellant has more than one missing tooth so even if tooth #5 were an anterior tooth it would still fail to meet the criteria for approval. It should also be noted that implants "of any type or description" are not covered under MassHealth regulations (130 CMR 420.421(B)(5)). The appeal as to tooth #5 is DENIED.

With respect to tooth #12, the requested codes were D6056 and D6057. CCA's provider manual states the following criteria with respect to those particular procedure codes:

Documentation shows fully integrated surgical implant with good crown/root ratio, healthy bone and periodontum surrounding the surgical implant, and free from periodontal disease.

(see Exhibit 6 and 12). At hearing, CCA's dental expert testified that upon review of the x-rays he did find that there was a fully integrated surgical implant with good crown/root ratio and he also saw healthy bone and periodontium surrounding the surgical implant. CCA could not speak to whether she was free from periodontal disease and also stated that CCA would not cover the procedures as the implant on tooth #12 was not approved by CCA. The provider manual does not state that CCA has to approve the original implant in order to provide the requested abutments, however. The record was left open for appellant to submit documentation from her provider supporting that she did not have periodontal disease in that area. On January 25, 2024 appellant's provider wrote that the implant is supported with good bone, with no sign of peri-implantitis, and has good crown to root ratio. The statement from the provider is sufficient to support the approval of these procedure codes. Thus, D6056 and D6057 for tooth #12 is APPROVED.

Order for CCA

Approve D6056 and D6057 for tooth #12.

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 this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. 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.

Radha Tilva
Hearing Officer
Board of Hearings

cc:

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