

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407012
Decision Date:	7/29/2024	Hearing Date:	06/04/2024
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:

Via telephone

Pro se

Appearances for CCA:

Via telephone

Cassandra Horne, Appeals and Grievance
Manager

Dr. Allen Finkelstein, D.M.D., CCA 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:	Prior Authorization-Dental
Decision Date:	7/29/2024	Hearing Date:	06/04/2024
CCA's Reps.:	Cassandra Horne; Allen Finkelstein, D.M.D.	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 2 (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 March 25, 2024, Commonwealth Care Alliance (CCA), an Integrated Care Organization (ICO) that contracts with MassHealth, notified the appellant that it had denied his internal appeal regarding a request for dental services (Exhibit 1). The appellant filed a timely appeal with the Board of Hearings (130 CMR 610.015(B); Exhibit 2). Denial of a request for services is a valid basis for appeal (130 CMR 610.032).

Action Taken by Commonwealth Care Alliance/ICO

Commonwealth Care Alliance ICO denied the appellant's request for dental services, and then denied his internal appeal of that initial decision.

Issue

The appeal issue is whether the evidence supports Commonwealth Care Alliance ICO's denial of the appellant's request for dental services.

Summary of Evidence

A Commonwealth Care Alliance (CCA) appeals manager and dental consultant appeared at the hearing telephonically and offered the following factual background through testimony and documentary evidence: The appellant is a male who has been enrolled in the CCA One Care program since [REDACTED]. In February of 2024, the appellant's provider requested the following services on the appellant's behalf: a radiographic/surgical implant index, by report for tooth number 8 (procedure code D6190), surgical placement of implant body: endosteal implant for tooth number 8 (procedure code D6010), cone beam-both jaws (procedure code D0383) and 3D dental surface scan-direct (procedure code D0801) (Exhibit 7, p. 25). On February 20, 2024, CCA notified the appellant that it had denied his request on the basis that one of the requested services is not medically necessary (D6010) and the remaining requested services are non-covered codes (D6190, D0383, and D0801) (Exhibit 7, p. 26). On March 15, 2024, the appellant filed an internal appeal of CCA's determination (Exhibit 7, p. 33). On March 25, 2024, CCA denied the appellant's internal appeal for the same reasoning (Exhibit 1; Exhibit 7, pp. 48-57). With respect to implants (D6010), CCA representatives testified that they would consider approving the requested services if the appellant's provider had submitted X-rays showing that there is only one (1) missing tooth in his arch. Here, the documentation submitted by the appellant's provider indicated that he is missing more than one tooth (Exhibit 7). The appellant appealed this determination to the Board of Hearings (Exhibit 2).

CCA referenced its Provider Manual which includes CCA's policies and procedures that govern its administration of dental benefits for CCA programs. The manual states the following: "The CCA Dental Program is based upon Commonwealth of Massachusetts regulations governing dental services found in 130 CMR 420.000 and 450.000" (Exhibit 9, p. 5). The manual also includes the following provision regarding implant dental services:

Implant, surgical placement (D6010, D6191, D6192) is a CCA covered service so long as the following criteria are met:

- Documentation submitted by the provider 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 a minimal ridge present;
- Free from presence of periodontal disease.

(Exhibit 9, p. 43).

The CCA dental consultant testified that in addition to the limitations set forth above, CCA will cover the costs for implants if there is only one missing tooth in the front region, or to support dentures in the top or bottom arch. The CCA dental consultant noted that CCA is one of the few organizations that provides this benefit. He explained that the appellant does not meet the criteria set forth above for approval.

The appellant appeared at the hearing telephonically, and inquired whether CCA covers dentures for both the upper and lower arch. In response, the CCA dental consultant explained that CCA will cover the costs for implants to support full dentures in the top or bottom arch if the appellant is missing all his upper or lower teeth. The appellant stated that he is missing his upper and lower teeth. As a result, the appellant stated that he previously received full dentures from his dental provider. The appellant explained that it was his understanding that CCA would cover the costs for four (4) implants, 2 in the upper arch and 2 in the lower arch. He inquired about the reason for CCA's requirement of only 1 missing tooth in the front region. The CCA dental consultant clarified that the appellant's dental provider did not submit the proper documentation and treatment plan to support the prior authorization request submitted on the appellant's behalf. The appellant's provider submitted a prior authorization request for 1 (not 2) upper implant(s). However, in any case, the appellant received 2 implants from his dental provider in [REDACTED]. The CCA dental consultant explained that if the appellant already received 2 implants, then his benefits have been exhausted in this category. The appellant testified that 1 of his implants received in [REDACTED] is loose. He stated that the X-rays submitted by his provider should indicate the present condition of his mouth. The CCA dental consultant explained that it cannot be determined on an X-ray whether an implant is failing. Rather, failing implants must be documented in the provider's prior authorization request. Here, the appellant's provider did not submit the proper documentation that indicate the appellant's dentures are failing or that the requested services (D6010 -implant for tooth number 8) is medically necessary. Additionally, the appellant's provider submitted X-rays that were taken of the appellant's mouth in [REDACTED] with his February, 2024 prior authorization request.

CCA provides coverage only for those dental services that are medically necessary. When reviewing requests for implants, CCA determines medical necessity by assessing how to restore full function in the least costly manner. CCA's dental consultant suggested that the appellant's provider submit current X-rays and proper documentation to CCA so that CCA has the current documentation on file. The CCA appeals manager stated that the appellant's provider submitted a prior authorization request on his behalf on November 19, 2019, requesting implant services (D6010) for tooth number 11 and for tooth number 6, which CCA approved. Additionally, the November 19, 2019 prior authorization request submitted on behalf the appellant included requests for additional implant services for tooth number 4 and tooth number 13. CCA denied that portion of the prior authorization request (for tooth number 4 and tooth number 13) because the

appellant exhausted his benefit in this category when he received 2 implants for tooth number 11 and tooth number 6.

The appellant stated that he needs CCA to cover the costs for an additional 2 implants for his dentures to work properly. The CCA dental consultant explained that the appellant's request for 2 additional implants would be denied because the appellant exceeded his benefits in this category in [REDACTED]. He explained that for CCA to consider any requested treatment for the appellant in this category his provider would need to submit the proper documentation indicating that: the appellant requires implant replacements for tooth number 11 and tooth number 6, or, that an additional implant for tooth number 8 is medically necessary. The appellant reiterated that he requires 4 implants for his dentures to work properly. He explained that it has been a long process thus far and it hurts his mouth to use the dentures. The CCA dental consultant reiterated that the appellant's provider would need to submit proper documentation, including current X-rays and a medical necessity narrative indicating that the requested service of an implant for tooth number 8 is medically necessary for the appellant. Here, the appellant's provider submitted X-rays that were taken in [REDACTED] and his submission lacked a medical necessity narrative. If the appellant requires an additional 1 or 2 implants, his provider needs to submit a prior authorization request to this effect, including current X-rays and a medical necessity narrative.

The appellant submitted a letter from his psychiatrist, which states in part as follows:

Patient has been experiencing severe emotional distress and mental health status challenges due to the poor state of his teeth. The current condition has had a great impact on his self-esteem, daily functioning, and overall well-being. Please consider a prompt approval of the recommended dental procedure to address the patient's mental health.

(Exhibit 8).

Findings of Fact

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

1. The appellant is a male who is a CCA One Care member.
2. In February of 2024, the appellant's provider requested the following for the appellant: a radiographic/surgical implant (for tooth number 8), surgical placement of implant body-endosteal implant (for tooth number 8), cone beam (both jaws), and 3D dental surface scan (direct) under the following dental procedure codes: D6190, D6010, D0383, and D0801.
3. Tooth no. 8 is the upper right central incisor; it is an anterior tooth.

4. On February 20, 2024, CCA notified the appellant that it had denied his request on the basis that the requested dental services are not medically necessary (D6010) and are not covered codes (D6190, D0383, D0801).
5. On March 15, 2024, the appellant filed an internal appeal of CCA's determination.
6. On March 25, 2024, CCA denied the appellant's internal appeal for the same reason.
7. The appellant appealed this determination to the Board of Hearings.
8. The appellant is missing natural teeth in all four quadrants of his mouth.
9. A prior authorization request submitted in [REDACTED] for the appellant included implants for tooth number 11 and tooth number 6 (D6010). This portion of the prior authorization request was approved by CCA.
10. The prior authorization request submitted at that time for the appellant also included requests for an additional 2 implants for tooth number 4 and tooth number 13. CCA denied this portion of the prior authorization request because the appellant exhausted his benefits in this category.
11. CCA benefits allow members to receive services for 2 implants only. Additional requests for this service (D6010) must include a medical necessity narrative and supporting documentation from the dental provider with the prior authorization submission to CCA.
12. The appellant wears dentures but is unable to use them due to pain in his mouth.
13. The appellant feels that the denture issues negatively impact his mental health and contribute to increased levels of anxiety and depression.
14. The February, 2024 prior authorization request submitted by the appellant's provider included X-rays that were taken of the appellant's mouth in [REDACTED]
15. The appellant's provider did not submit the proper documentation indicating that the requested services are due to failing implants for tooth number 11 and for tooth number 6, nor was any documentation submitted by his provider indicating that an additional implant for tooth number 8 is medically necessary for the appellant.

Analysis and Conclusions of Law

Under 130 CMR 610.018, MassHealth members who are enrolled in an integrated care organization are entitled to a fair hearing, as follows:

Appeal Process for Enrollees in an Integrated Care Organization

The Duals Demonstration Program uses a coordinated appeals process that provides enrollees with access to both the MassHealth and Medicare appeals processes. If the ICO internal appeals process denies a member's requested covered benefits in whole or in part, the member may appeal to either IRE, BOH, or both, as described in 130CMR 610.018(A) through (C).

(A) If the member's appeal is denied in whole or in part, the ICO must automatically forward an external appeal about Medicare services to the IRE. The member may simultaneously appeal the ICO decision to the BOH.

(B) Services that are not covered by Medicare fee-for-service may only be appealed to the BOH. The ICO must notify the member if the service is not covered by Medicare and that the member has the right to appeal to the BOH.

(C) If the BOH or the IRE decides in the member's favor, the ICO must provide or arrange for the service in dispute as expeditiously as the member's health condition requires but no later than 72 hours from the date the ICO receives the notice of the BOH or the IRE decision.

In this case, the appellant has appealed to the Board of Hearings the CCA decision to deny his request for dental services. As set forth in the CCA Provider Manual, an implant (D6010) is a covered service when the following criteria are met: documentation submitted by the provider shows healthy bone and periodontium, replacement for 1 missing anterior tooth when no other teeth (excluding 3rd molars) are missing in the arch, and free from presence of periodontal disease. The appellant clarified that he is missing other teeth in the arch. Further, the Provider Manual limits implants to a maximum of 2 mandibular or maxillary anterior implants for the purpose of supporting a denture where there is a minimal ridge present. Here, CCA has presented unrefuted testimony that the appellant received 2 implants in [REDACTED]

CCA also determined that the requested implant for the appellant's tooth number 8 is not medically necessary. Pursuant to 130 CMR 450.204(A), a service is considered "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 or cause 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: *Potential Sources of Health Care*, or 517.007: *Utilization of Potential Benefits*.

Because the appellant received 2 implants in [REDACTED] thereby exhausting the implant benefit available to him, the request of an additional implant for tooth number 8 is not the least costly option available to restore the appellant's mouth to full function. The appellant stated at hearing that he would need another 2 implants (for a total of 4) for his dentures to become usable. While the appellant's complaints about the existing dentures and failing implants are certainly credible, the documentation submitted by his provider has not demonstrated that the request for an additional implant for tooth number 8 is medically necessary. As a result, I find that there is insufficient evidence to conclude that the request for an additional implant is medically necessary or that the requests for a cone beam, dental surface scan, and endosteal implant are in fact covered services. Therefore, the appellant has not met his burden here.¹

The appeal is denied.²

Order for ICO

None.

¹ CCA's determination is consistent with the MassHealth dental regulations and the sub-regulatory MassHealth Dental Program Office Reference Manual, neither of which includes dental procedure codes, D6190, D0383, or D0801 (130 CMR 420.401 *et seq*; <http://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>).

² This denial does not preclude the appellant or his provider from submitting the proper paperwork, including current X-rays, a medical necessity narrative, and supporting documentation to CCA for consideration thereof.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: ICO Commonwealth Care Alliance, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108