

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



|                         |             |                       |            |
|-------------------------|-------------|-----------------------|------------|
| <b>Appeal Decision:</b> | Denied      | <b>Appeal Number:</b> | 2409897    |
| <b>Decision Date:</b>   | 9/17/2024   | <b>Hearing Date:</b>  | 07/30/2024 |
| <b>Hearing Officer:</b> | Casey Groff |                       |            |

**Appearance for Appellant:**  
Pro se

**Appearance for ICO:**  
Cassandra Horne, Appeals & Grievances  
Manager, Commonwealth Care Alliance  
(CCA);  
Allen Finkelstein, DDS, Dental MD, CCA



*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

|                           |  |                          |                                  |
|---------------------------|--|--------------------------|----------------------------------|
| <b>Appeal Decision:</b>   | Denied                                     | <b>Issue:</b>            | Dental, Prior Authorization, ICO |
| <b>Decision Date:</b>     | 9/17/2024                                  | <b>Hearing Date:</b>     | 07/30/2024                       |
| <b>MassHealth's Rep.:</b> | Cassandra Horne, <i>et. al.</i> (from CCA) | <b>Appellant's Rep.:</b> | Pro se                           |
| <b>Hearing Location:</b>  | Board of Hearings (Video-Conference)       | <b>Aid Pending:</b>      | No                               |

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

On 6/4/24, the Commonwealth Care Alliance (CCA), an Integrated Care Organization (ICO) and Managed Care Contractor (MCC) for MassHealth, denied Appellant's level 1 appeal of its initial denial of requested dental treatment. See Exh. 1. Appellant filed a timely appeal of the decision with the Board of Hearings (BOH) on 6/25/24. See Exh. 2. An MCC's final decision to deny coverage is valid grounds for appeal. See 130 CMR 610.032(B). <sup>1</sup>

### Action Taken by ICO

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

### Issue

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<sup>1</sup> Once an ICO member exhausts the ICO's internal appeal process to dispute an adverse coverage determination, the member may seek a "Level 2" appeal with the Office of Medicaid Board of Hearings (BOH). See 130 CMR 610.018; see also M.G.L. c. 118E, § 48; 130 CMR 610.015(7).

The appeal issue is whether CCA was correct in denying Appellant's request for dental services 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 at the hearing by video conference and offered the following evidence through testimony and documentary submissions: Appellant is an adult under the age of [REDACTED] with dual enrollment in MassHealth and Medicare. She has been enrolled in an Integrated Care Organization (ICO) through the Commonwealth Care Alliance (CCA), also referred to CCA's "One-Care" program, since 2021. On 4/30/24, CCA received a PA request from Appellant's dental provider seeking authorization for coverage of two dental implants and related restoration services, consisting of the following procedure codes:

- D6010 - Surgical placement of implant body: Endosteal Implant (Tooth #12/#13)
- D6057 – Custom Fabricated Abutment – Includes Placement (Tooth #12/#13)
- D6059 – Abutment supported porcelain fused to metal crown (high noble metal) porcelain/ceramic (Tooth #12/#13)

See Exh. 6., pp. 1-2.

On 5/1/24, CCA sent the provider a request for more information to determine medical necessity for the requested treatment due by 5/10/24. See id. at 14. On 5/11/24, CCA sent Appellant and her provider a "Notice of Adverse Action: Denial or Modification of a Requested Service." See id. at 17. According to the initial determination, CCA's dental benefit administrator denied the PA request because the provider submitted an invalid tooth number for the procedure codes D6010 (Surgical Placement of Implant) and D6057 (Fabricated Abutment with placement), and because the proposed treatment was not medically necessary. Id. at 18.

On 5/28/24, Appellant requested reconsideration of CCA's initial determination, prompting CCA to conduct a Level 1 internal appeal. Id. at 41-43. Upon review, [REDACTED] CCA's dental director, upheld CCA's initial denial. Through a letter dated 6/4/24, CCA notified Appellant that her Level 1 Appeal had been denied because the requested treatment was beyond the scope of coverage and did not meet the criteria for medical necessity, pursuant to CCA's Member Handbook at Ch. 3, § B, Ch. 4 § C. Id. at 58.

At hearing [REDACTED] testified on behalf of CCA and explained that the requested treatment is not covered under MassHealth regulations and, while CCA has guidelines that offer limited exceptions for the services, the treatment plan here does not establish medical necessity in

accordance with CCA's clinical criteria. According to CCA's Provider Manual, the clinical criteria description to meet the exception for coverage of Surgical Implant Placement (D6010) requires:

- Documentation shows health bone and periodontium
- Replacement for 1 missing anterior tooth when no other teeth (excluding 3<sup>rd</sup> 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.

See Exh. 7, p. 43.

██████████ testified that none of the exceptions apply. The request is for multiple non-anterior implants, and there is no documentation to show that they are required for the purpose of supporting a denture. In addition, the proposed treatment is non-reversible. There was no evidence in the PA request to show Appellant was precluded from having an alternative, less costly procedure, such as a flexible partial denture or bridge. As such the treatment plan was denied as it is not covered and did not meet clinical criteria to qualify for CCA's limited exceptions. ██████████ also noted that the treatment plan was deficient as Appellant has multiple missing teeth in addition to #12 and #13, which were not addressed.

Appellant appeared at the hearing and testified that the proposed treatment is medically necessary, and she will continue to suffer physical and mental health conditions if her dental issues cannot be treated. Appellant provided background stating that she has had past trauma to her mouth and had a tough time growing up with missing teeth. She had some work done but it was low quality. Additionally, she had a baby tooth on the right bottom arch, which her former providers tried to make permanent, as the adult tooth was not going to rise. As this happened the tooth started deteriorating and caused damage. All this has led to her current dental issues and missing teeth.

In addition, Appellant testified that CCA had originally approved this exact service through her previous dentist. She had scheduled an appointment to receive the implants, but due to issues with the practice changing and her provider leaving, the appointment was cancelled. Because the authorization did not carry over to her new dentist, they resubmitted the instant PA. She did not feel it was fair that the treatment plan was denied when it had been previously approved.

Following the denial, Appellant had a dental emergency, where her only tooth that allowed her to chew solid food split in half, and it had to be extracted. She needs to eat food to survive and without implants she cannot get the nutrition she needs. Prior to hearing, Appellant submitted dental records, images, and letters in support of her appeal. See Exhs. 3 and 4. She included the updated x-rays she indicated were taken following the most recent dental incident. See Exh. 5, p. 5-9. In addition, Appellant submitted a letter from ██████████ Appellant's provider, which

requested reconsideration of Appellant “for implants at #5, 12, 13, 29, and 30 area.” See Exh. 5, p. 1. The letter addressed the complications that Appellant has had from her missing teeth, including that she had a hard time chewing food, a severe gag reflex, acid reflux, digestive system issues, and is “unable to tolerate any kind of removable dentures which has made her so depressed and negatively impacted her health.” Id.

Appellant also submitted a dental referral letter from her primary care physician (PCP) dated 3/6/24, to obtain an evaluation of her dental issues “which have caused some failure to thrive” and coverage of dental services to address these issues. Id. at 12.

In response, the CCA appeals coordinator, present at hearing, testified that she reviewed all past prior authorizations for dental services and found no record of CCA having ever authorized implants for Appellant. The CCA representative went through the prior requests and noted that on 12/21/21 and 6/13/22, Appellant’s former dental provider requested implants, however CCA denied the requests. The last PA from her prior dentist was approved, but it was to receive endodontic therapy, not implants.

## Findings of Fact

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

1. Appellant is an adult under the age of ■ with dual enrollment in MassHealth and Medicare and is enrolled in CCA’s ICO “One-Care” program. (Testimony; Exh. 6).
2. On 4/30/24 CCA received a PA request from Appellant’s dental provider seeking authorization for coverage for dental implants (D6010) on teeth #12 and #13 with related restoration services (codes D6057 and D6059). (Testimony; Exh. 6).
3. On 5/11/24, CCA notified Appellant that the requested treatment had been denied because the provider submitted an invalid tooth for the procedure codes D6010 and D6057, and because the proposed treatment was not medically necessary. (Testimony; Exh. 6).
4. On 5/28/24, Appellant requested reconsideration of CCA’s initial determination, prompting CCA to conduct a Level 1 internal appeal. (Testimony; Exh. 6).
5. Through a letter dated 6/4/24, CCA notified Appellant that her Level 1 Appeal had been denied because the requested treatment was beyond the scope of coverage and did not meet the criteria for medical necessity, pursuant to CCA’s Member Handbook at Ch. 3, § B, Ch. 4 § C. (Testimony; Exh. 6).
6. CCA’s provider manual will cover implants only when used to support full dentures or to

replace one single anterior (front) tooth, and when there is documentation of bone health and no periodontal disease. (Testimony; Exhibit 7).

7. Appellant has had a long-standing history of dental issues and is unable to chew food in her current condition, which has been detrimental to her physical and mental health. (Testimony).

## Analysis and Conclusions of Law

The Appellant is a MassHealth and Medicare member enrolled in an Integrated Care Organization (ICO), otherwise referred to as a “One-Care” program, operated by the Commonwealth Care Alliance (CCA). ICO’s, such as CCA, are entities that contract state and federal Medicaid and Medicare agencies to offer “dual eligible” members, between the ages of [REDACTED] an integrated and comprehensive network of medical, behavioral-health care, and long-term services.<sup>2</sup> See M.G.L. c. 118, § 9F and 130 CMR 610.004. Once enrolled, the ICO is responsible for providing its members with the full continuum of Medicare and MassHealth covered services. See 130 CMR 610.004. Whenever an ICO makes a coverage decision, it must provide notice to the affected member. See 130 CMR 508.009. An ICO has 45 days to resolve any internal appeals regarding the original coverage decision. See 130 CMR 508.010. If the ICO’s internal appeals process denies a member’s requested covered benefits in whole or in part, the member may appeal the decision to the Office of Medicaid Board of Hearings (BOH).<sup>3</sup> See 130 CMR 610.018; see also M.G.L. c. 118E, § 48; 130 CMR 610.015(7).

The issue on appeal is whether CCA, through its internal appeals process, correctly upheld its initial determination to deny Appellant’s PA request for surgical implants for teeth #12 and #13 and related restoration services. As discussed above, as an ICO, CCA is responsible for ensuring Appellant’s access to, at least, the same array of services covered under MassHealth. See M.G.L. c. 118E, § 9F; 130 CMR 508.007(C). CCA’s provider manual, includes a list of dental services covered through its dental program and describes that the list is “based upon Commonwealth of Massachusetts [MassHealth] regulations governing dental services found in 130 CMR 420.000 and 450.000.” See Exh. 7, p. 5.

According to the MassHealth regulations cited therein, MassHealth covers dental services, when medically necessary,<sup>4</sup> “that are listed in Subchapter 6 of the Dental Manual, [and] in

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<sup>2</sup> The member must be eligible for either Standard or CommonHealth. The full list of criteria to be enrolled in an ICO is specified in the definition of “Duals Demonstration Dual Eligible Individual” at 130 CMR 610.004.

<sup>3</sup> Fair Hearing regulations at 130 CMR 610.032(B) set forth the specific bases under which an ICO member, or any enrollee of a managed care contractor (MCC), may request a fair hearing. These 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.

<sup>4</sup> Under 130 CMR 450.204(A), MassHealth defines a service as “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

accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456.” See 130 CMR 420.421(A). None of the procedure codes that were denied in this appeal are listed in Subchapter 6 of the MassHealth Dental Manual, and therefore are not covered by MassHealth. Additionally, MassHealth dental regulations state that MassHealth does *not* pay for “implants of any type or description.” See 130 CMR § 420.421. Implants are explicitly identified as “non-covered” services under MassHealth dental regulations. As such, CCA did not err in denying Appellant’s Level 1 Appeal.

It is also noted that CCA has opted to provide its ICO members with a more expansive array of dental services than is offered by MassHealth. With respect to the services requested here, CCA, pursuant to its Provider Manual, provides limited exceptions to implants. Specifically, CCA limits coverage of “Implant, surgical placement” to instances when documentation shows the implants are needed to support full dentures or to replace one single anterior (front) tooth, and when there is documentation of bone health and no periodontal disease. See Exh. 7. As CCA’s dental director testified at hearing, the x-rays included in the instant PA request showed that Appellant is missing multiple non-anterior teeth and was not seeking implants to support a denture.

In consideration of the evidence at hearing and the coverage limitations described in MassHealth regulations and CCA’s Provider Manual, Appellant did not demonstrate that CCA erred in denying her PA request. There was no error in CCA’s 6/4/24 Denial of a Level 1 Appeal. This appeal is DENIED.

## **Order for CCA**

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.

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(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.

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Casey Groff  
Hearing Officer  
Board of Hearings

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