

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2410526
<b>Decision Date:</b>	10/2/2024	<b>Hearing Date:</b>	8/13/2024
<b>Hearing Officer:</b>	Cynthia Kopka		

**Appearance for Appellant:**  
Pro se

**Appearance for Respondent:**  
Cassandra Horne, Operations 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Managed care – prior authorization (dental)
<b>Decision Date:</b>	10/2/2024	<b>Hearing Date:</b>	8/13/2024
<b>Respondent's Rep.:</b>	Cassandra Horne, Kaley Ann Emery, Dr. Alan Finkelstein	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy (remote)	<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

By notice dated June 26, 2024, Commonwealth Care Alliance (CCA), a MassHealth Integrated Care Organization (ICO), denied Appellant's Level I appeal and request for prior authorization of dental services. Exhibit 1. Appellant filed this appeal in a timely manner on July 6, 2024. 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).

### Action Taken by MassHealth

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 the operations manager, the appeals and grievances supervisor, and a dental consultant, appeared by phone and provided written materials in support. Exhibits 4 and 5. Appellant appeared by phone. A summary of testimony and written materials follows.

Appellant has been enrolled in CCA's OneCare program since December 1, 2020. Appellant's dentist submitted a prior authorization request to CCA for dental service code D6010, surgical placement of implant body; endosteal implants (hereinafter referred to as "implants") for teeth #5, 6, 11, and 12. Exhibit 4 at 1. On May 12, 2024, CCA's dental benefit administrator, [REDACTED] approved the request for teeth 6 and 11, and denied the request for teeth 5 and 12. *Id.* at 2. The written denial provides that the requested code was invalid for teeth 5 and 12 and suggested that the request be resubmitted with additional information. *Id.* at 12-13.

On June 13, 2024, Appellant filed a Level I appeal of the denial. *Id.* at 36. CCA's reviewing dentist conducted an independent desk review of the request and denied it as a non-covered service. CCA issued a written denial to Appellant on June 26, 2024. Exhibit 1. The Level I denial stated that the code is not covered. *Id.*

[REDACTED] testified that MassHealth does not cover implants, but that CCA will cover a maximum of two implants per arch to support of denture. Appellant's request for implants for teeth 6 and 11 was approved for this reason. However, the request for two additional implants exceeds the scope of CCA's benefit package. Teeth 5, 6, 11, and 12 are all on the maxillary, or upper, arch.

Appellant testified that her dentist made her a denture and told her that the implants were necessary to secure the denture. Currently, Appellant's denture fits well in her mouth but when she bites down, the denture moves and food gets stuck under it. Appellant has an appointment to begin the process of having the implants placed. Appellant has hypoglycemia and had experienced several episodes of low blood sugar daily when she was not able to eat properly. Things have improved with the denture, but Appellant can only eat soft food.

[REDACTED] testified that while ordinarily implants are placed before a denture is made, the denture can be retrofitted once the implants are in. Appellant's provider can also reline the denture to ensure a better fit.

## 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 #5, 6, 11, and 12. Exhibit 4 at 1.
3. On May 12, 2024, CCA's dental benefit administrator, [REDACTED] approved the request for teeth 6 and 11, and denied the request for teeth 5 and 12. *Id.* at 2.
4. On June 13, 2024, Appellant filed a Level I appeal of the denial. *Id.* at 36.
5. On June 26, 2024, CCA denied Appellant's Level I appeal, finding the request was a non-covered service. Exhibit 1.
6. Appellant filed this timely request for hearing on July 6, 2024. Exhibit 2.
7. Teeth 5, 6, 11, and 12 are all on the maxillary arch.

## 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 [REDACTED] 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"), relevant pages included as 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 necessary<sup>1</sup> and covered by MassHealth's dental program. MassHealth's coverage of specific services varies depending on whether a member is under the age of ■ 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 3<sup>rd</sup> molars) are missing in the arch
- **A maximum of 2 mandibular or maxillary anterior implants for the purpose of supporting**

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<sup>1</sup> 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

**a denture where there is minimal ridge present**

- Free from presence of periodontal disease.

Exhibit 5 at 43 (emphasis added).

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. CCA approved two implants on the maxillary arch to support a denture, which is the coverage maximum. Accordingly, Appellant has not demonstrated that CCA's denial of implants for teeth 5 and 12 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.

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Cynthia Kopka  
Hearing Officer  
Board of Hearings

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