

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2414038
Decision Date:	10/10/2024	Hearing Date:	10/08/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearance for CCA:

Cassandra Horne, CCA Appeals & Grievances
Operations Manager



*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:	ICO; Prior Authorization; Dental
Decision Date:	10/10/2024	Hearing Date:	10/08/2024
CCA's Rep.:		Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 August 26, 2024, Commonwealth Care Alliance (CCA), a MassHealth-contracted Integrated Care Organization (ICO), notified the appellant that it denied her Level 1 appeal regarding the bone replacement grafts for ridge preservation per site (service code D7953) because it is not a covered code (Exhibit 1). The appellant filed this external appeal of a final decision of an ICO in a timely manner on September 11, 2024 (130 CMR 610.018; Exhibit 2). An ICO's decision to deny authorization of a requested service is grounds for appeal. 130 CMR 610.032(B).

Action Taken by Commonwealth Care Alliance

The MassHealth-contracted ICO, CCA, denied the appellant's prior authorization request for bone replacement graft for ridge preservation (service code D7953).

Issue

The appeal issue is whether CCA was correct in denying the appellant's prior authorization request for bone replacement graft for ridge preservation (service code D7953).

Summary of Evidence

The appellant appeared at the Tewksbury MassHealth Enrollment Center (MEC) in-person. The CCA representative appeared at hearing via Teams videoconference and testified as follows: the appellant, who is a MassHealth member over the age of 65, has been enrolled in CCA's One Care program since October 1, 2017. On July 15, 2024, CCA, a MassHealth ICO, received a prior authorization request for bone replacement graft for ridge preservation – per site (service code D7953). The appellant's provider submitted x-rays but no narrative. On July 16, 2024, CCA denied the request because D7953 is not a covered code per the CCA Provider Manual, CCA Member Handbook, and MassHealth regulations. On August 15, 2024, CCA received an internal, Level 1 appeal request. The Level 1 appeal was reviewed by CCA's dentist. On August 26, 2024, CCA informed the appellant that it denied the Level 1 appeal because D7953 is not a covered code. This August 26, 2024 denial of a Level 1 appeal on the prior authorization ending in 8612 is the notice under appeal.

The appellant testified that she intended to appeal the denial of an implant for tooth #5. She was sent a lot of different notices, denials, and paperwork. She has depression and anxiety and finds the paperwork overwhelming as a result. She admitted she sometimes just throws some of it away. The implant is not only for appearances but for chewing and getting proper nutrition. It is difficult to chew on the side where tooth #5 is and she is missing molars on the opposite side. The missing tooth is affecting the stability of the teeth near it. She stated that an implant will last longer than any other alternative and will prevent further complications. A narrative from her dentist stated that the appellant has a severe gag reflex and cannot tolerate any kind of removable denture. A letter from her gastroenterologist states that she is unable to eat most solid foods secondary to intractable vomiting because of mastication. The gastroenterologist stated that the appellant requires additional dental work to improve mastication to maintain her weight.

The CCA representative stated that there was no active Level 1 appeal request for an implant for tooth #5. Previously, there was a different authorization request (authorization ending in 6985) for an implant for tooth #5 which was initially denied on June 2, 2024. There was an internal Level 1 appeal on that prior authorization that was denied on June 19, 2024 which was never appealed any further. There were two other prior authorizations (ending in 1427 and 2609) for an implant on tooth #5 (service code D6010) which were denied, but there was never any Level 1 appeal for those denials. The prior authorization ending in 1427 was denied on July 12, 2024 and the prior authorization ending in 2609 was denied on July 20, 2024. A CCA member has 60 days to file a Level 1 appeal and that time has passed; however, given the appellant's confusion on the notices

and the fact that she thought she was appealing one of the implant prior authorization denials, the CCA representative found good cause to open a new Level 1 appeal based on the prior authorization ending in 2609.

While the denial of the implant on tooth #5 is not under appeal at this hearing, the CCA representative explained the reason for its denial to the appellant so she would have a better understanding of the process. She stated that tooth #5 is an invalid tooth for code D6010. As an ICO, CCA can provide more to members than MassHealth allows, but not less. MassHealth does not cover any dental implants. CCA does not cover implants except in certain limited circumstances, including a maximum of 2 mandibular or maxillary **anterior implants** for the purpose of supporting a denture **or** the replacement of one missing **anterior tooth** when no other teeth are missing (excluding 3rd molars) in the arch. Tooth #5 is not an anterior tooth (it is a 1st bicuspid or 1st premolar) and does not fall within one of the exceptions; however, CCA would proceed with the new Level 1 appeal for the implant and review all available information. The appellant will have new appeal rights to the Board of Hearings with that Level 1 determination, if needed.

Findings of Fact

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

1. On July 15, 2024, CCA received a prior authorization request on behalf of the appellant for bone replacement graft for ridge preservation – per site (service code D7953) (Testimony and Exhibit 5).
2. On July 16, 2024, CCA denied the request because D7953 is not a covered code (Testimony and Exhibit 5).
3. D7953 is not a covered code pursuant to the CCA Provider Manual, CCA Member Handbook, and MassHealth (Testimony).
4. On August 15, 2024, the appellant filed a Level 1 internal appeal with CCA related to the prior authorization request ending in 8612 for bone replacement graft for ridge preservation (Testimony and Exhibit 5).
5. CCA performed a review of the case and upheld the initial decision (Testimony and Exhibit 5).
6. On August 26, 2024, CCA issued a notice of the Level 1 appeal denial, informing the appellant that the bone replacement graft for ridge preservation (service code D7953) is not a covered code (Testimony and Exhibits 1 and 5).

7. The appellant is missing tooth #5 and thought she was appealing a CCA denial for the implant (Testimony).
8. At the time of hearing, there was no active Level 1 appeal request for an implant for tooth #5, but the CCA representative opened a new Level 1 appeal for a more recent prior authorization (ending in 2609) related to the implant of tooth #5 (Testimony).
9. The implant for tooth #5 is not at issue in this appeal.

Analysis and Conclusions of Law

As a MassHealth ICO, CCA

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)).

CCA is “responsible for providing enrolled members with the full continuum of Medicare- and MassHealth covered services.” (130 CMR 450.105(A)(7); 130 CMR 450.105(E)(6)). Those services include dental services, which are governed by the regulations at 130 CMR 420.000. (See 130 CMR 450.105). As an ICO, CCA can provide more to members than MassHealth allows, but not less.

MassHealth “pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process.” (130 CMR 420.410(A)(1)).

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....

(130 CMR 450.204(A)).

MassHealth dental provider regulations at 130 CMR 420.421(B) address non-covered services as follows:

The MassHealth agency does not pay for the following services for any member, except when MassHealth determines the service to be medically necessary and the member is under age 21. Prior authorization must be submitted for any medically necessary noncovered services for members under age 21.

- (1) cosmetic services;
- (2) certain dentures including unilateral partials, overdentures and their attachments, temporary dentures, CuSil-type dentures, other dentures of specialized designs or techniques, and preformed dentures with mounted teeth (teeth that have been set in acrylic before the initial impressions);
- (3) counseling or member-education services;
- (4) habit-breaking appliances;
- (5) implants of any type or description;
- (6) laminate veneers;
- (7) oral hygiene devices and appliances, dentifrices, and mouth rinses;
- (8) orthotic splints, including mandibular orthopedic repositioning appliances;
- (9) panoramic films for crowns, endodontics, periodontics, and interproximal caries;
- (10) root canals filled by silver point technique, or paste only;
- (11) tooth splinting for periodontal purposes; and
- (12) any other service not listed in Subchapter 6 of the *Dental Manual*.¹**

(Emphasis added).

The appellant has the burden of proof "to demonstrate the invalidity of the administrative determination." See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

¹ Code D7953, Bone Replacement Graft for Ridge Preservation is not listed in Subchapter 6 of the Dental Manual.

Neither MassHealth regulations nor the CCA Provider Manual authorize coverage for bone replacement grafts for ridge preservation (service code D7953).² While the appellant's testimony was credible, she has not met her burden of proof by a preponderance of the evidence that CCA's determination was incorrect.

Accordingly, CCA's denial was consistent with its guidelines and MassHealth regulations. For these reasons, the decision made by CCA was correct and the appeal is denied.

Order for Commonwealth Care Alliance

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.

Alexandra Shube
Hearing Officer
Board of Hearings

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

² While the appellant intended to appeal a denial related to the implant for tooth #5, she appealed the Level 1 denial related to the bone replacement graft and there was no recent Level 1 appeal for the implant of tooth #5. As such, the implant is outside the scope of this appeal. The CCA representative opened a new Level 1 appeal related to a denial of a prior authorization for the implant. Once CCA reviews that case and issues its determination, the appellant will have new appeal rights with the Board of Hearings, if needed.