

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2415050
Decision Date:	01/03/2025	Hearing Date:	11/08/2024
Hearing Officer:	Sharon Dehmand	Record Open to:	11/22/2024

Appearance for Appellant:




Appearance for MassHealth:

Cassandra Horne, Appeals & Grievances
Manager, Commonwealth Care Alliance;
Allen Finkelstein, DDS, Dental Medical
Director



*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:	Managed Care Organization – Denial of Internal Appeal – Dental Services
Decision Date:	01/03/2025	Hearing Date:	11/08/2024
MassHealth's Rep.:	Cassandra Horne; Dr. Allen Finkelstein	Appellant's Rep.:	
Hearing Location:	Taunton MassHealth Enrollment Center Room 1	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 July 23, 2024, Commonwealth Care Alliance (CCA), an Integrated Care Organization (ICO), denied the appellant's level 1 appeal and request for prior authorization of dental services. See 130 CMR 508.004(B) and Exhibit 1. The appellant filed this appeal in a timely manner on September 30, 2024. See 130 CMR 610.015(B) and Exhibit 2. A determination to deny coverage by a Managed Care Organization (MCO) is valid grounds for appeal to the Board of Hearings. See 130 CMR 508.010(B); 130 CMR 610.032(B)(2).

Action Taken by MassHealth

CCA denied the appellant's prior authorization request for dental services because the appellant's provider did not submit sufficient documentation to support the services requested and the result of the care when it is finished.

Issue

Whether CCA was correct in denying the appellant's prior authorization request for dental services. See 130 CMR 450.204(A); 130 CMR 420.421(B)(5).

Summary of Evidence

The CCA's representative appeared virtually while the appellant appeared in person and verified her identity. The CCA's dental consultant appeared telephonically. The following is a summary of the testimonies and evidence provided at the hearing:

The CCA's representative testified that the appellant has been enrolled in CCA's One Care program since December 1, 2016. On June 18, 2024, CCA denied a prior authorization (PA) request, submitted on behalf of the appellant for surgical removal of implants for teeth #5, #12, and #28 under code D6100, which is not a covered code by CCA. On July 10, 2024, the appellant filed a level 1 appeal of the denial. The CCA's reviewing dentist conducted an independent desk review of the request and denied it because the provider did not provide sufficient documentation to support the service requested. On July 23, 2024, CCA issued a written denial.

The CCA's dental consultant testified that MassHealth does not cover removal of implants. He added that the appellant's provider did not submit any documentation in support of the proposed treatment plan. The provider also failed to submit any radiographs demonstrating the necessity for surgical removal of the implants. The dental consultant stated that without a narrative and radiographs, he is unable to conduct a clinical review of the requested dental services.

The appellant testified that she is unaware of any documentation supporting the request for removal of her implants because she was the one who asked the dentist for removal of her implants. She explained that she made this request due to ongoing problems she had experienced with her implants since they were first placed. She stated that she experienced multiple implant failures, loosening of her dentures, and instances where the implants fell out. The appellant attributed her poor health and bone loss to her inability to maintain proper nutrition which she linked to the pain and discomfort in her teeth.

The appellant stated that her provider gave her a disk containing her radiographs, which she brought to the hearing. She stated that the provider did not mail the disk to CCA due to previous issues with mailing disks – not specifically to CCA, but to other insurance companies. She said that she planned to go to the post office immediately after the hearing to mail the disk to CCA. The CCA representative provided the appellant with her direct mailing address. The CCA's dental consultant stated that he will be able to make a clinical determination regarding the appellant's requested dental services upon review of the radiographs.

At the conclusion of the hearing, the record was left open until November 22, 2024, in order for the appellant to submit the disk purported to contain her radiographs to CCA and for CCA's dental consultant to review and respond. See Exhibit 8.

Through an email dated December 13, 2024, the CCA representative stated that CCA "[had] not received the disk that was supposed to be mailed...the member reported that she mailed in [the disk] the same day as the hearing 11/8...[CCA representative] double checked with [the] mail room and they have reported that no disk has been received."

Findings of Fact

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

1. The appellant is enrolled in CCA's OneCare program, a MassHealth ICO. (Testimony).
2. The appellant's dentist submitted a prior authorization request to CCA for dental service code D6100, surgical removal of implants, for teeth #5, #12, and #28. (Testimony and Exhibit 5).
3. On June 18, 2024, CCA denied the appellant's request. (Testimony and Exhibit 5).
4. On July 10, 2024, the appellant filed a level 1 appeal of the denial. (Testimony).
5. On July 23, 2024, CCA denied the appellant's level 1 appeal because the appellant's provider did not provide sufficient documentation to support the service requested. (Exhibit 1).
6. The appellant filed this appeal in a timely manner on September 30, 2024. (Exhibit 2).
7. Neither the appellant nor her provider submitted any documentation in support of the proposed requested dental services. (Testimony).
8. Neither the appellant nor her provider submitted any radiographs in support of the proposed requested dental services. (Testimony).
9. The service code D6100 does not appear in Subchapter 6 of the *Dental Manual* as referenced in MassHealth regulations. (Exhibit 7).

Analysis and Conclusions of Law

MassHealth members younger than 65 years old, except those excluded under 130 CMR 508.002,

must enroll in the Primary Care Clinician (PCC) Plan or a MassHealth Managed Care Organization (MCO) available for their coverage type. See 130 CMR 450.117(A); 130 CMR 508.001. MassHealth managed care options include an integrated care organization (ICO, also known as a One Care Plan) 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. See 130 CMR 508.007(C).

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 21 through 64 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.

(2) If a member is enrolled in an ICO and turns 65 years old and is eligible for MassHealth Standard or MassHealth CommonHealth, he or she may elect to remain in the ICO beyond 65 years of age.

See 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. See 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.

Here, the appellant has exhausted all remedies available through the ICO's internal appeal process and has timely filed this appeal with the Board of Hearings. Id.

The CCA's One Care Plan is a MassHealth ICO. The CCA Provider Manual ("Manual") explains the "CCA Dental Program." See Exhibit 6. According to the Manual, the CCA's dental program "is based upon Commonwealth of Massachusetts regulations governing dental services found in 130 CMR 420.000 and 450.000...if there is a conflict between the manual and the regulations, the

regulations take precedence in every case.” Id.

Per MassHealth regulations, MassHealth pays for the following dental services when medically necessary:

- (1) the services with codes listed in Subchapter 6 of the *Dental Manual*, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456; and
- (2) all services for EPSDT-eligible members, in accordance with 130 CMR 450.140 through 450.149, without regard for the service limitations described in 130 CMR 420.422 through 420.456, or the listing of a code in Subchapter 6. All such services are available to EPSDT-eligible members, with prior authorization, even if the limitation specifically applies to other members younger than 21 years old.

See 130 CMR 420.421(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.

See 130 CMR 450.204(A).

MassHealth does not pay for the following services:¹

- (1) cosmetic services;
- (2) certain dentures including unilateral partials, overdentures and their attachments, temporary dentures, CuSil-type dentures, other dentures of

¹ Exception is made when MassHealth determines the service to be medically necessary **and** the member is younger than 21 years old. See id.; Exhibit 7.

- 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*.

See 130 CMR 420.421(B).

Here, the appellant's prior authorization request was for surgical removal of implant body for teeth #5, 12, and 28, dental service code D6100. This code does not appear in Subchapter 6 of the *Dental Manual*, which is a prerequisite for payment under 130 CMR 420.421(A). This service is also not referenced as a covered service within the MassHealth dental regulations as described in 130 CMR 420.422 through 420.456. As such, CCA correctly denied coverage for this dental service.

Regardless of the aforementioned, the CCA dental consultant stated that he is unable to make a clinical determination regarding the appellant's requested dental service without supportive documents and radiographs. He agreed to review the appellant's radiographs and make a clinical determination regarding her request. The appellant agreed to provide her radiographs. As reported by CCA, the appellant failed to provide her radiographs. As such, the CCA's dental consultant is unable to make a clinical determination and CCA's determination to deny coverage for requested dental service must stand.

Lastly, the appellant's argument that the removal of her implants is medically necessary also fails for two reasons. One, while the appellant attributed her poor health and bone loss to her inability to maintain proper nutrition due to painful teeth, this claim does not rise to the level of medical necessity as outlined by the regulations. Two, in order for MassHealth to cover dental services, medical necessity must be combined with a covered service code listed in Subchapter 6 of the *Dental Manual*. See 130 CMR 420.421(A)(1); 130 CMR 450.204(A); see also Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings").

Based on foregoing reasons, I find that the appellant has not proven by a preponderance of the evidence that CCA's denial of the surgical removal of implants for teeth #5, #12, and #28 was made in error. As such, this appeal is DENIED.

Order for MassHealth

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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