

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2415678
Decision Date:	12/4/2024	Hearing Date:	11/08/2024
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

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; General Dental
Decision Date:	12/4/2024	Hearing Date:	11/08/2024
MassHealth's Rep.:	Cassandra Horne; Dr. Allen Finkelstein	Appellant's Rep.:	Pro se
Hearing Location:	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 September 18, 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 October 11, 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 treatment is beyond the scope of coverage and does not meet the criteria of medical necessity.

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 and the appellant who verified her identity appeared virtually at the hearing while the dental consultant for CCA 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 April 1, 2024. On September 6, 2024, CCA denied a prior authorization (PA) request, sent on behalf of the appellant for surgical placement of an implant for tooth #9 under the service code D6010. On September 9, 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 as treatment beyond the scope of coverage and that it did not meet the criteria of medical necessity. On September 18, 2024, CCA issued a written denial.

The dental consultant testified that MassHealth does not cover implants, but that CCA will cover one anterior implant if there are no other missing teeth. He said that the appellant is also missing a molar in the same arch. Under these circumstances, CCA will cover the cost of partial denture to replace both teeth.

The appellant testified that she currently has a partial denture which has been problematic since its initial fitting. She agreed that she is missing both a front tooth and a back molar. She stated that she is not concerned about the missing back molar, as it has been missing for twenty years. Citing the Member Handbook, she stated that CCA covers a maximum of two implants. She also added that the implant is medically necessary due to her background in culinary arts, explaining that the missing tooth impairs her ability to taste food.

The CCA representative explained that a maximum of two implants are allowed only for the purpose of supporting a denture. One anterior implant is allowed only when there are no other teeth missing.

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 D6010, implant, for tooth #9. (Testimony and Exhibit 5).

3. On September 6, 2024, CCA denied the appellant's request. (Testimony and Exhibit 5).
4. On September 9, 2024, the appellant filed a level 1 appeal of the denial. (Testimony).
5. On September 18, 2024, CCA denied the appellants level 1 appeal because the treatment was beyond the scope of coverage and did not meet the criteria of medical necessity. (Exhibit 1).
6. The appellant filed this appeal in a timely manner on October 11, 2024. (Exhibit 2).
7. The appellant is missing tooth #9. (Testimony and Exhibit 5).
8. The appellant is also missing a molar in the same arch. (Testimony and Exhibit 5).
9. MassHealth does not cover implants. (Exhibit 6).
10. CCA covers replacement for one missing anterior tooth when no other teeth are missing in the arch. (Testimony and 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.

The CCA's One Care Plan is a MassHealth ICO. The CCA's Provider Manual ("Manual") explains the "CCA Dental Program." See Exhibit 7, p. 5. 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 regulations, MassHealth pays for services when they are medically necessary and covered by MassHealth's dental program. 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 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.

- (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.

See 130 CMR 420.421(B).

Here, the appellant's prior authorization request was for one implant, dental service code D6010 for tooth #9. MassHealth regulations do not cover "implants of any type or description." Id. However, CCA's One Care Plan is more generous and covers implants for code D6010 under the following circumstances:

- Documentation 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 minimal ridge present
- Free from presence of periodontal disease.

See Exhibit 7, p.43.

It is true that the appellant requested the replacement of one missing anterior tooth; however, she is also missing a molar in the same arch. While she testified that she is not concerned about replacing her missing molar and only wishes to replace her front tooth, CCA's One Care Plan permits coverage for an anterior tooth replacement only when "no other teeth are missing in the arch." Id. As such, I find that the requested replacement of one missing anterior tooth does not meet the criteria for approval under MassHealth's regulations or CCA's policy.

Equally unpersuasive is the appellant's citation to CCA's One Care Member Handbook ("Handbook") to support her argument that two anterior implants per arch are allowed. Exhibit 8, p.63. As reflected in the Handbook, "2 anterior implants per arch [are allowed] when needed to support a complete denture." See id. Since the appellant does not need dentures and is only seeking to replace her missing front tooth, this provision is wholly irrelevant to her case.

Additionally, the appellant argued that this implant was medically necessary due to her background in culinary arts, explaining that the missing tooth impairs her ability to taste food. Her lack of ability to taste food does not rise to the level of medical necessity as outlined by the regulations. See 130 CMR 450.204(A); also see 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"). Accordingly, I find that the appellant has not proven by a preponderance of the evidence that CCA's denial of the implant for tooth #9 was made in error.

For the foregoing reasons 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: Commonwealth Care Alliance SCO, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108