

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416879
Decision Date:	2/18/2025	Hearing Date:	01/23/2025
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:



Appearance for Commonwealth Care Alliance (CCA):

Cassandra Horne; Dr. Alan Finkelstein; Kaylee Emery



*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 – Denial Internal Appeal
Decision Date:	2/18/2025	Hearing Date:	01/23/2025
CCA's Reps.:	Cassandra Horne et. al.	Appellant's Rep.:	
Hearing Location:	All Parties Appeared by Telephone		

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 November 1, 2024, Commonwealth Care Alliance, (CCA), a MassHealth-contracted Integrated Care Organization (ICO), denied a Level 1 Appeal regarding the request for retainer crowns (porcelain/ceramic) for tooth #2/6/27/31; pontic (porcelain/ceramic) for tooth #3/4/5/28/30; and core buildup, including any pins when required, for tooth #31. The reason for the denial was because the treatment proposed is beyond the scope of coverage and does not meet the criteria for medical necessity. (Exhibit 1). The notice from CCA states that "Medically Necessity" means that the services, supplies, or drugs are needed for the prevention, diagnosis or treatment of your medical condition and meet accepted standards of medical practice. (Exhibit 1).

The appellant filed this external appeal of the final decision of the ICO on November 4, 2024. (130 CMR 610.018; Exhibit 2). On November 4, 2024, the Board of Hearings dismissed the appeal as the appellant did not clearly state a reason for the appeal or provide a copy of the notice prompting the appeal. (130 CMR 610.034; 130 CMR 610.035; Exhibit 3). Following the receipt of the dismissal, the appellant provided a copy of the notice issued by CCA, the Board of Hearings vacated the dismissal and scheduled a hearing for December 3, 2024. (130 CMR 610.048; Exhibit 4). Upon receipt of the notice scheduling the December 3, 2024 hearing, the appellant notified the Board of Hearings that her dentist would be serving as her appeal representative and he was on vacation. (Exhibit 5). The Board of Hearings rescheduled the hearing for January 8, 2025. (Exhibit

5; Exhibit 6). On January 2, 2025, the Board of Hearings issued a corrected schedule letter with a hearing date of January 23, 2025. (Exhibit 9).

A decision of an ICO to “deny or provide limited authorization of a requested service, including the type or level of service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit” is valid grounds for appeal. (130 CMR 610.032(B)).

Action Taken by the Integrated Care Organization

The MassHealth-contracted Integrated Care Organization, Commonwealth Care Alliance (CCA), denied the appellant’s prior authorization request for a Level 1 Appeal regarding the request for retainer crowns (porcelain/ceramic) for tooth #2/6/27/31; pontic (porcelain/ceramic) for tooth # 3/4/5/28/30; and core buildup, including any pins when required, for tooth #31. (130 CMR 420.000).

Issue

Whether Commonwealth Care Alliance (CCA) was correct in denying the appellant’s prior authorization request for dental services.

Summary of Evidence

All parties appeared by telephone. Documents from Commonwealth Care Alliance (CCA) were incorporated into the hearing record as Exhibit 10. Documents from the appellant were incorporated into the hearing record as Exhibit 11.

Commonwealth Care Alliance (CCA), a MassHealth Integrated Care Organization (ICO) received a prior authorization request for dental services and denied the request as the services were not covered codes or deemed medically necessary. (Testimony; Exhibit 10).

The appellant filed a request for a standard 30-day appeal with CCA. (Testimony; Exhibit 10). On November 1, 2024, CCA issued a notice denying the Level 1 appeal. (Testimony; Exhibit 1; Exhibit 10).

As an ICO, CCA is responsible for providing enrolled members with the full continuum of Medicare- and MassHealth covered services. As an ICO, CCA can provide more to members than MassHealth allows, but not less.

The appellant is over 21 and requested authorization for retainer crowns (porcelain/ceramic) for

tooth #2/6/27/31 (D6740¹); pontic (porcelain/ceramic) for tooth #3/4/5/28/30 (D2645); and core buildup, including any pins when required, for tooth #31 (D2950). For members 21 years of age or older, CCA may cover retainer crowns (D6740) every 60 months, per patient, per tooth. For members 21 years of age or older CCA may cover pontic (porcelain/ceramic) (D2645) every 60 months, per patient, per tooth. For members 21 years of age or older, CCA may cover treatment for core buildup (D2950) once every 5 years, this treatment involves building up anatomical crown when a restorative crown will be placed. (CCA Provider Manual). All of these procedures require a provider to submit a prior authorization form for CCA to determine whether the procedure is medically necessary. (CCA Provider Manual).

CCA defines medical necessity as accepted health care services and supplies provided by health care entities appropriate to the evaluation and treatment of a disease, condition, illness, or injury and consistent with the applicable standards of care. (CCA Provider Manual).

Dental care is medically necessary to prevent and eliminate orofacial disease, infection, and pain to restore form and function to the dentition, and to correct facial disfiguration and dysfunction. (CCA Provider Manual). Medical necessity is a reason why a test, a procedure, or an instruction is performed. (CCA Provider Manual).

Medical necessity is different from person to person and changes as the individual changes. The dental team must provide consistent methodical documentation of medical necessity for coding. (CCA Provider Manual).

CCA has clinical criteria for determining medical necessity developed from information collected from the American Dental Association's Code Manuals, clinical articles and guidelines, as well as dental schools, practicing dentists, insurance companies, other dental-related organizations, and local, state or health plan requirements. (CCA Provider Manual).

Dental reviewers and licensed dental consultants approve or deny prior authorization requests based on whether the item or service is medically necessary, whether a less expensive service would adequately meet the member's needs, and whether the proposed item or service conforms to commonly accepted standards in the dental community. (CCA Provider Manual).

CCA has some benefit exclusions that may result in a denied service and/or retraction of a claim:

- Clinical situations that can be effectively treated by a less costly, dental appropriate alternative procedure should be the recommended treatment plan.
- Any dental procedure performed solely for cosmetic/aesthetic reasons.

¹ This number is a dental procedure code that is part of the Current Dental Terminology (CDT) system. The American Dental Association (ADA) develops and updates these codes annually. The codes help ensure dental treatment is documented accurately, consistently and uniformly.

Cosmetic procedures are those procedures assigned a benefit based on the least costly procedure.

- Replacement of complete dentures, and removable partial dentures (such as connectors), if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the treating dental provider.

In this case, CCA determined that situation could be effectively treated by a less costly, dental appropriate alternative procedure. The representative from CCA testified that the documents submitted by the appellant's provider do not indicate that other less costly, alternative procedures were tried. The dentist from CCA testified that this prior authorization request did not follow the proper criteria as there is a less costly, dental appropriate alternative procedure which would be a partial denture. The dentist from CCA testified that the treatment of choice in a case like this is a partial denture, not the procedures presented in the prior authorization request on appeal. The dentist from CCA testified that the procedure would require an abutment on tooth #27 which has over 50% bone loss and not support fixed bridge. The appellant's provider did not agree that there was over 50% bone loss and said that the appellant wanted fixed dentistry, not a partial denture.

The dentist from CCA testified that fixed dentistry would cause more stress on the appellant's remaining teeth and enhance bone loss. The dentist from CCA testified that a partial denture would provide balance. The appellant's dentist responded that a partial denture would provide balance if it was well fitting. The appellant's dentist testified that the appellant wants the procedures requested as she has a gagging reflex. The appellant's dentist testified that the appellant currently has a partial denture that she does not wear. The appellant's dentist noted that he cannot force a type of treatment on a patient and noted that the appellant has poor nutrition but did not have a diagnosis related to the poor nutrition.

Findings of Fact

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

1. CCA received a prior authorization request for retainer crowns (porcelain/ceramic) for tooth #2/6/27/31 (D6740).
2. CCA received a prior authorization request for pontic (porcelain/ceramic) for tooth #3/4/5/28/30 (D2645)
3. CCA received a prior authorization request for core buildup, including any pins when required, for tooth #31 (D2950).
4. CCA denied the prior authorization requests for all 3 treatments.

5. The appellant filed a request for a standard 30-day appeal with CCA.
6. On November 1, 2024, CCA issued a notice denying the Level 1 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. (130 CMR 508.007). 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).

CCA is responsible for providing enrolled members with the full continuum of Medicare- and MassHealth covered services. (130 CMR 450.105). Those services include dental services governed by the regulations at 130 CMR 420.000. 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 MassHealth. (130 CMR 450.204(A)).

CCA also has some benefit exclusions that may result in a denied service and/or retraction of a claim:

- Clinical situations that can be effectively treated by a less costly, dental appropriate alternative procedure should be the recommended treatment plan.
- Any dental procedure performed solely for cosmetic/aesthetic reasons. Cosmetic procedures are those procedures assigned a benefit based on the least costly procedure.
- Replacement of complete dentures, and removable partial dentures (such as connectors), if damage or breakage was directly related to provider error.

This type of replacement is the responsibility of the treating dental provider.

In this case, CCA determined that situation could be effectively treated by a less costly, dental appropriate alternative procedure. This decision is in compliance with the regulations governing MassHealth regarding the requirement that one show that there is no 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 MassHealth. In this case, the partial denture would be the more conservative or less costly service to CCA.

As noted at hearing, the appellant can present an alternative treatment plan for CCA to consider in the future.

The decision made by the ICO is correct.

This appeal is denied.

Order for the Integrated Care Organization

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc:

[REDACTED]

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