

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2419041
Decision Date:	3/17/2025	Hearing Date:	01/23/2025
Hearing Officer:	Susan Burgess-Cox	Record Open to:	02/06/2025

Appearance for Appellant:

Pro se

Appearance for Commonwealth Care Alliance
(CCA):

Cassandra Horne & Dr. Alan Finkelstein



*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:	Approved	Issue:	Integrated Care Organization – PA Dental
Decision Date:	3/17/2025	Hearing Date:	01/23/2025
CCA's Rep.:	Cassandra Horne & Dr. Alan Finkelstein	Appellant's Rep.:	Pro se
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 October 2, 2024, Commonwealth Care Alliance, (CCA), a MassHealth-contracted Integrated Care Organization (ICO), denied a Level 1 Appeal regarding prior authorization for pontic-porcelain fused to high noble metal for tooth #10/9; a retainer crown – porcelain fused to high noble metal for tooth #8; and a retainer crown – porcelain fused to high noble metal for tooth #11. 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 necessary means you reasonably need the services to prevent, diagnoses, or treat a medical condition. It also means that there is no other similar, less expensive service that is suitable for you. (Exhibit 1).

The appellant filed this external appeal of the final decision of the ICO on December 12, 2024. (130 CMR 610.018; Exhibit 2). The record was held open providing the appellant to present additional evidence and CCA the opportunity to respond. The record closed on February 6, 2025. (Exhibit 6). This action extended the decision due date to March 26, 2025. (Exhibit 6).

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 pontic-porcelain fused to high noble metal for tooth #10/9; a retainer crown – porcelain fused to high noble metal for tooth #8; and a retainer crown – porcelain fused to high noble metal for tooth #11. (130 CMR 420.000).

Issue

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

Summary of Evidence

All parties appeared by telephone including a hearing representative from Commonwealth Care Alliance (CCA), a dentist from CCA and the appellant. Documents from CCA were incorporated into the hearing record as Exhibit 4. Documents from the appellant were incorporated into the hearing record as Exhibit 5.

Commonwealth Care Alliance (CCA), a MassHealth Integrated Care Organization (ICO), received a prior authorization request for pontic-porcelain fused to high noble metal for tooth #10/9 (D6240¹); a retainer crown – porcelain fused to high noble metal for tooth #8 (D6750); porcelain fused to high noble metal for tooth #8 (D6750); and a retainer crown – porcelain fused to high noble metal for tooth #11. On August 29, 2024, CCA denied the request as the services were not deemed medically necessary. (Testimony; Exhibit 4).

The appellant filed a request for a standard 30-day appeal with CCA. (Testimony; Exhibit 4). On October 2, 2024, CCA issued a notice denying the Level 1 appeal. (Testimony; Exhibit 1; Exhibit 4).

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.

For OneCare members, CCA takes a number of factors into authoring coverage for partial

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.

denture pontics/retainers. In their provider manual, CCA notes that if a member has a condition where restorative history would indicate that a patient has utilized partial dentures for a number of years prior to a request for a fixed bridge, this would imply that a partial denture would be an acceptable restoration. (CCA Provider Manual). CCA will consider fixed bridges in cases where a corresponding partial denture would not be tolerated. (CCA Provider Manual). CCA notes that a provider should consider an alternate benefit of a partial denture where there is one missing anterior or three missing posterior teeth, acceptable perio condition and the abutment teeth are restorable. (CCA Provider Manual). CCA may consider authorization for a fixed bridge in documented conditions such as: maxillary gag reflex; a patient's inability to remove a denture and clean it; recurrent decay on the margins of an existing bridge where the bridge replacement will encompass only the teeth of the current bridge; and the member is classified as special needs. (CCA Provider Manual). Fixed partial denture pontics/retainers 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. 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 CCA dentist testified that the request is for services to redo and extend the existing bridge to incorporate extracted teeth with supports. The CCA dentist noted that this would involve 3 missing and 2 supporting teeth. The CCA dentist testified that this denial was also based upon the fact that the appellant had a missing back tooth that would not be addressed with the requested services. The CCA dentist testified that the appellant's condition would necessitate a partial denture. The CCA dentist testified that they would likely approve authorization for a partial denture that incorporated all of the missing teeth. The CCA dentist recommended that the appellant return to the current provider and have them present an alternative plan that would be within the scope of CCA coverage.

The appellant testified that she has issues with gagging so a partial denture would be problematic. The appellant testified that she has kidney disease so needs to have the ability to eat and now has difficulty doing so. The appellant testified that she had a partial denture that broke three hours after she had it. The appellant testified that she works in the public and is humiliated by having missing front teeth. The appellant testified that she had 3 missing back teeth and is not as concerned about the back teeth as much as those in the front. The appellant testified that is single and started dating but stopped because she was embarrassed by the missing teeth. The appellant testified that she sees her primary care physician once each month and has post-traumatic stress disorder (PTSD) because her daughter died in a fire. The appellant testified that she also has anxiety and is divorced. The appellant testified that the dentist wants her to have a fixed denture because she cannot chew, she has a gagging reflex and issues with speech.

Documents presented by the appellant include photographs, December 2024 notes from the dentist stating that the appellant has not been able to wear and/or eat with the removable

partial denture due to a severe gag reflex, even after repeatedly trying to use the removable prostheses. The dentist states that the appellant informed him that she sees her primary care physician for weight loss and nutritional deficiencies. The appellant's dentist states that the partial dentures have been adjusted multiple times in an attempt to reduce coverage area so as to reduce gagging and allow the appellant to eat a proper diet. The dentist notes that the appellant shows signs of emotional distress from the situation as well. The dentist states that he advised the appellant to have fixed prosthetics (implant/bridge) where possible.

The CCA dentist responded that they took the gagging reflex into consideration in making their decision noting that an additional tooth and the re-design of a partial denture could provide more comprehensive care than what was requested by the appellant's provider. The CCA dentist noted that they did not have records of other possibly relevant conditions.

The record was held open to give the appellant the opportunity to present any additional evidence or arguments and for CCA to respond. (Exhibit 6). The Board of Hearings did not receive any documentation or correspondence from either party during the record open period.

Findings of Fact

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

1. CCA received a prior authorization request for pontic-porcelain fused to high noble metal for tooth #10/9, a retainer crown – porcelain fused to high noble metal for tooth #8; porcelain fused to high noble metal for tooth #8; and a retainer crown – porcelain fused to high noble metal for tooth #11.
2. CCA denied the prior authorization requests for all treatments.
3. The appellant filed a request for a standard 30-day appeal with CCA.
4. On August 29, 2024 CCA issued a notice denying the Level 1 appeal.
5. The appellant has a removable partial denture.
6. In December 2024, the appellant visited her dentist who provided updated information on the appellant's conditions.
7. The appellant has a severe gag reflex.
8. The removable partial dentures have been adjusted multiple times in an attempt to

reduce the coverage area so as to reduce gagging and allow the appellant to eat a proper diet.

9. The appellant cannot wear and/or eat with the removable partial denture.

10. The appellant sees her primary care for dietary and nutritional deficiencies.

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)).

In this case, CCA determined that situation could be effectively treated by a less costly, dental appropriate alternative procedure. While the records presented by the appellant's provider at the time of the prior authorization request may not have clearly indicated that other less costly, alternative procedures were tried, the documents submitted by the appellant at hearing include notes from December 2024 stating that such procedures were tried and did not work for the appellant. The less costly procedure noted by the CCA dentist was a partial denture. Notes from the appellant's provider clearly indicate that this procedure was tried and could not

be tolerated by the appellant. This is one of the factors that CCA takes into consideration in authorizing coverage for a fixed bridge and a factor taken into consideration in determining if a procedure is medically necessary. (130 CMR 450.204). The CCA manual also states that CCA may consider authorization for a fixed bridge in documented conditions such as maxillary gag reflex. Both the appellant and her provider made note of such a gag reflex demonstrating again that the requested procedure is medically necessary.

As the appellant provided sufficient documentation and testimony to demonstrate that the decision made by CCA was not correct. This appeal is approved.

Order for the Integrated Care Organization

Approve the prior authorization request for pontic-porcelain fused to high noble metal for tooth #10/9; a retainer crown – porcelain fused to high noble metal for tooth #8; and a retainer crown – porcelain fused to high noble metal for tooth #11

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

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