

March 18, 2022

Appeals Unit
Commonwealth Care Alliance
Fax: 857-453-4517

Re: Expedited Level 1 Appeal request – [REDACTED] Tooth #29

Dear Appeals Unit:

I am [REDACTED] Authorized Representative. The authorization form is enclosed. [REDACTED] is in need of urgent dental care on Tooth #29. Dr. [REDACTED], an in-network oral surgeon from [REDACTED] Dental Center submitted a Prior Authorization (PA) request for a bone replacement graft for ridge preservation (D7953) and for surgical removal of implant body removal (D6100). On 3/16/2022, Commonwealth Care Alliance (CCA) denied the PA. A copy of the PA denial from the dentist's office is enclosed. CCA denied this dental work because the needed treatment is a non-covered benefit.

On behalf of [REDACTED], I am submitting this Expedited Appeal. [REDACTED] needs an Expedited Appeal because her health is at risk if there is too much delay. According to the 2022 CCA Member Handbook, a member is entitled to an Expedited Appeal if the member is seeking care they have not yet received and if the usual 14 calendar day deadline could cause serious harm to the member's health or hurt their ability to function. In this case, [REDACTED] meets both criteria. I am attaching documentation from two different dentists: Dr. [REDACTED] and Dr. [REDACTED], which discuss the potential life and health-threatening consequences of any further delay of this treatment. Because of the urgency, Dr. [REDACTED] has squeezed [REDACTED] in for this procedure on Monday, March 28, 2022.

As to the denial itself, although it may be true that typically, CCA does not cover these procedures, in [REDACTED] case, an exception must be made on account of her complicating medical conditions. [REDACTED] has a condition called Graves Disease, a disorder of the thyroid system. This disease affects dentition and makes [REDACTED] more susceptible to serious infection and a potentially life-threatening condition called Thyroid Storm.

Dr. [REDACTED] wrote in October 2021 that she must have the failed and infected implant at Tooth #29 removed and the bone grafted to replace missing bone around the implant to "avoid leaving a facial bone defect. This condition is **placing her jaw at risk of spreading infection, the weakening of her mandible and possible pathological fracture from the associated bone loss that can also put her at risk for aggravating her Graves Disease.**" Dr. [REDACTED] went on to write that "there is no alternative to this treatment. The longer the implant stays in the more at risk the patient is in."

Another dentist: Dr. [REDACTED] wrote earlier this month that [REDACTED] needs the extraction of the infected implant at Tooth #29. He goes on to say that **“delay in treatment can cause further destruction of her teeth and possibly trigger a serious medical condition called Thyroid Storm which can potentially be fatal.** The patient has delayed removal of #29 implant too long. **The implant is infected showing bone loss putting her jaw at risk of being fractured.”**

CCA prides itself on being able to respond to its members’ unique health needs. Here is an opportunity for CCA to follow through on that promise and potentially save [REDACTED] life. This treatment is medically necessary and essential to protect [REDACTED] health and life. CCA has a Decision Support Tool (DST) to aid it in deciding when a typically non-covered service can be covered as an exception. I am enclosing a copy of this DST. It sets out 7 criteria for approving non-covered services. I have listed them below, along with how each aligns with [REDACTED] situation.

- 1) Rationale for the service requested, including necessary background information.
 - a. [REDACTED] has “a complex medical history and a medical disability from Thyroid disease and the complications there in. She has had extensive dental work in the past with failed implants, crowns, bridges and infections.” *Letter from Dr. [REDACTED]*
- 2) Documented evidence that the service has clinical value for the identified need.
 - a. The implant at Tooth #29 is infected. The implant must be removed to heal the infection. “Hyperthyroidism can contribute to increase susceptibility to dental caries and periodontal disease along with accelerated dental eruption...” *Letter from Dr. [REDACTED] Endocrinology letter enclosed.*
- 3) Clinical documentation that alternative approaches have been trialed and results of trials.
 - a. “There is no alternative to this treatment.” *Letter from Dr. [REDACTED]*
- 4) Clinical documentation (if relevant) as to why ordinary other alternatives are less effective.
 - a. “There is no alternative to this treatment.” *Letter from Dr. [REDACTED]*
- 5) Individualized risk assessment showing what the risk may be of not providing this service to the member.
 - a. Without this treatment, [REDACTED] jaw is “at risk,” she risks a “spreading infection,” lack of treatment could cause “the weakening of her mandible and possible pathological fracture from the associated bone loss,” and can “put her at risk for aggravating her Graves disease.” *Letter from Dr. [REDACTED]*
- 6) Anticipated outcome.
 - a. The anticipated outcome is an end to the infection inside [REDACTED] mouth, a reduction in the constant pain she experiences at that area, and the ability for her dentists to move forward with other necessary dental work, which cannot be completed until Tooth #29 is dealt with.
- 7) How anticipated outcome will be measured and evaluated.
 - a. See above.

Considering these facts, please approve this PA for the work proposed by in-network oral surgeon Dr. [REDACTED], which he can do on Monday, March 28, 2022. Please approve this work either as an exception to a typically non-covered services rule.

In the alternative, please approve this PA as a reasonable accommodation of [REDACTED] disabilities under the Americans with Disabilities Act (ADA). [REDACTED] is a disabled individual. The disabling condition is her hyperthyroidism and Graves Disease. As attested to by her endocrinologist, Dr. [REDACTED], hyperthyroidism and Graves Disease exacerbate dental problems. These disabilities put her more at risk for infections and a deadly condition called Thyroid Storm. Untreated dental infections and other dental problems can trigger Thyroid Storm. Thus, as a reasonable accommodation of her disabilities, please modify CCA's non-coverage of procedures D7953 and D6100 to allow these procedures to be covered in [REDACTED] case.

Please carefully review the attached materials and my letter. We look forward to your decision within 72 hours as this is an expedited appeal request. As I have also made a reasonable accommodation request, I have cc-ed this appeal to Steven Belec, the ADA Disability Coordinator. I can be reached at 413-686-9039 or by email at cadybell@cwjustice.org.

Very truly yours,

/s/ Catherine Ady-Bell

Catherine Ady-Bell
Staff Attorney

Encl. (6)

Cc: Steven Belec at sbelec@commonwealthcare.org