

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2176444
Decision Date:	12/08/2021	Hearing Date:	October 12, 2021
Hearing Officer:	Brook Padgett		

Appearances for Appellant:

Pro se

Appearances for CCA:

Cassandra Horne,
CCA Appeals and Grievance Supervisor



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Dismissed	Issue:	130 CMR 450.204
Decision Date:	12/08/2021	Hearing Date:	October 12, 2021
MassHealth Rep.:	C. Horne	Appellant Rep.:	Pro se
Hearing Location:	Quincy		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The appellant received a Notice of Adverse Action from Commonwealth Care Alliance (CCA)¹ dated August 03, 2021, denying a prior authorization request for Periodontal Scaling and Root Planing. (Exhibit 1). The appellant appealed the action in a timely manner on August 20, 2021. (130 CMR 610.015(B); Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032).

Action Taken by CCA

CCA denied the appellant's prior authorization request for Periodontal Scaling and Root Planing.

Issue

Is CCA correct in denying the appellant's prior authorization request?

¹ Commonwealth Care Alliance is a MassHealth managed care contractor as defined by regulations at 130 CMR 610.004 and described in regulations at 130 CMR 508.000.

Summary of Evidence

MassHealth was represented by the Appeals and Grievance Supervisor who testified the appellant is over 21 years of age and a member of the One Care program. On July 21, 2021, the appellant's dental provider submitted a request (D4342) for Periodontal Scaling and Root Planing – one to three teeth per quadrants. The request was denied because the request was beyond the scope of the appellant's program coverage unless there is evidence of medical necessity. The representative stated that if the appellant submitted a medical narrative, date of service of evaluation, chart and x-ray evidence, along with the history of treatment the request will be review to determine if the appellant meets the medical necessity criteria.

The appellant testified that his dentist is requesting this procedure because it is needed. The appellant stated he would contact his provider to obtain the requested documentation.

At the request of the appellant the record remained open until November 12, 2021, to obtain the CCA requested documentation (medical narrative, date of service of evaluation, chart and x-ray evidence, history of treatment). (Exhibit 5).

CCA responded that after review of the additional medical information the decision was reversed, and the appellant's request was approved. (Exhibit 6).

The Fair Hearing regulation concerning Adjustment Procedures and Mediation is set forth at 130 CMR 610.051. 130 CMR 610.051(B) states, in relevant part, as follows:

MassHealth may make an adjustment in the matters at issue before or during a hearing. If the parties agree that the adjustment resolves one or more of the issues in dispute, the hearing officer, by written order, will dismiss the appeal as to all resolved issues, noting as the reason for such dismissal that the parties have reached agreement.

CCA reversed its initial denial and approved the appellant's request for the requested dental services. The CCA adjustment resolves all of the disputed issued in this case. The parties have reached agreement pursuant to 130 CMR 610.051(B), therefore this appeal is dismissed.

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.

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, MassHealth of Medical Assistance, at the address on the first page of this decision.

Brook Padgett
Hearing Officer
Board of Hearings

cc: SCO Representative: Cassandra Horne, Commonwealth Care Alliance