

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



|                         |               |                       |                  |
|-------------------------|---------------|-----------------------|------------------|
| <b>Appeal Decision:</b> | Denied        | <b>Appeal Number:</b> | 2176531          |
| <b>Decision Date:</b>   | 10/22/2021    | <b>Hearing Date:</b>  | October 12, 2021 |
| <b>Hearing Officer:</b> | Brook Padgett |                       |                  |

**Appellant Representative:**

Pro se

**CCA Representative:**

Cassandra Horne, Appeals and Grievance  
Supervisor



*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

|                          |            |                        |                                        |
|--------------------------|------------|------------------------|----------------------------------------|
| <b>Appeal Decision:</b>  | Denied     | <b>Issue:</b>          | Prior Authorization – Dental Treatment |
| <b>Decision Date:</b>    | 10/22/2021 | <b>Hearing Date:</b>   | August 21, 2017                        |
| <b>CCA Rep.:</b>         | C. Horne   | <b>Appellant Rep.:</b> | Pro se                                 |
| <b>Hearing Location:</b> | 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)<sup>1</sup> dated April 28, 2021, denying a prior authorization request for dental services. (Exhibit 1). The appellant appealed the action in a timely manner on August 17, 2021. (130 CMR 610.015(B); Exhibit 2).<sup>2</sup> 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 dental implant for tooth #3.

## Issue

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

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<sup>1</sup> 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.

<sup>2</sup> The timeline to appeal has been extended outside the 30-day time limit due to COVID 19.

## Summary of Evidence

CCA was represented by the Appeals and Grievance Supervisor, who testified the appellant is 62 years old and a member of the One Care program. On March 09, 2021, the appellant through her provider requested a dental implant and abutment for tooth #3. CCA denied the request as the Benefit Manual (page 89) states the request is not a covered service under the One Care program. CCA submitted into evidence Dental Provider Manual, Member Appeal exhibits. (Exhibit 4).

The appellant testified that she needs the dental implant to maintain proper dental function and maintain her overall health. The appellant argued that this request is not cosmetic, but a medical necessity. The appellant stated she suffers from TMJ and ear pain and that it has been recommended by both her dentist and her doctor that the upper molar implant would assist eliminating her pain. The appellant states she cannot tolerate a partial bridge as it digs into her gums.

## Findings of Fact

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

1. The appellant is a member of CCA One Care program. (Testimony).
2. The appellant's dental provider submitted a prior authorization request for an implant and abutment placement for tooth #3. (Exhibit 4).
3. The appellant maintains she suffers from TMJ and ear pain.
4. The appellant is over 21 years of age. (Exhibit 4).

## Analysis and Conclusions of Law

CCA is a MassHealth managed care contractor as defined by regulations at 130 CMR 610.004 and described in regulations at 130 CMR 508.000. The appellant is a member of the CCA One Care program and submitted a request for prior authorization from her dental provider for a dental implant and abutment for tooth #3. This request was denied by CCA as it was not a covered service under the Care One program.

Regulations at 130 CMR 420.421 describe covered and noncovered services as follows:

(A) Medically Necessary Services. The MassHealth agency pays for the following dental services when medically necessary:

- (1) the services with codes listed in Subchapter 6 of the *Dental Manual*, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456; and

(2) all services for EPSDT-eligible members, in accordance with 130 CMR 450.140 through 450.149, without regard for the service limitations described in 130 CMR 420.422 through 420.456, or the listing of a code in Subchapter 6. All such services are available to EPSDT-eligible members, with prior authorization, even if the limitation specifically applies to other members under age 21.

(B) Noncovered Services. The MassHealth agency does not pay for the following services for any member, except when medically necessary for members under age 21 with prior authorization.

- (1) cosmetic services;
- (2) certain dentures including unilateral partials, overdentures and 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) chair-side relines;
- (4) counseling or member-education services;
- (5) habit-breaking appliances;
- (6) implants of any type or description;**
- (7) laminate veneers;
- (8) oral hygiene devices and appliances, dentifrices, and mouth rinses;
- (9) orthotic splints, including mandibular orthopedic repositioning appliances;
- (10) panoramic films for crowns, endodontics, periodontics, and interproximal caries;
- (11) root canals filled by silver point technique, or paste only;
- (12) tooth splinting for periodontal purposes; and
- (13) any other service not listed in Subchapter 6 of the *Dental Manual*.  
*(Emphasis added.)*

Dental implants are not a covered service under the Medicaid program unless you are under 21 years of age and meet the medical necessity guidelines. There are no exceptions to this regulation. While the appellant maintains her request is a medical necessity, she is over 21 years old and there is no provision for medical necessity for an implant if you are over 21 years of age.

The request for an implant and abutment for tooth #3 does not meet the required MassHealth regulations or the CCA Provider Manual criteria; therefore, this appeal must be denied.

## Order for CCA

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.

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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: SCO Representative: Commonwealth Care Alliance