## Office of Medicaid **BOARD OF HEARINGS**

#### **Appellant Name and Address:**



**Appeal Number: Appeal Decision:** Denied 2178293

**Decision Date:** 02/08/2022 **Hearing Date:** January 03, 2022

**Hearing Officer: Brook Padgett** January 17, 2022 **Record Open:** 

**Appellant Representative: CCA Representative:** 

Cassandra Horne, Appeals and Grievance Pro se

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

**Appeal Decision:** Denied Issue: Prior Authorization –

Dental Treatment

**Decision Date:** 02/08/2022 **Hearing Date:** January 03, 2022

CCA 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)<sup>1</sup> dated October 11, 2021, denying a prior authorization request for dental services. (Exhibit 1). The appellant appealed the action in a timely manner on November 15, 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 a crown/implant for tooth #21, 22, 28, and 30, and permanent bridge for tooth #23, 24, 25, 26, 27 and 29.

#### Issue

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

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;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 his provider requested a dental implant and abutment for crown/implant (D6060) for tooth #21, 22, 28, and 30, and permanent bridge (D6242) for tooth #23, 24, 25, 26, 27 and 29. The request was denied as the CCA Benefit Manual states the request is not a covered service under the One Care program and the request was not medically necessary as a partial temporary dental bridge would resolve the dental problem. CCA maintained that x-rays indicates the appellant's current implant is not well fused to the bone and that a permanent bridge is a covered service if the appellant can provide a letter of medical necessity explaining why a partial denture will not fix the problem. CCA submitted into evidence Dental Provider Manuel, Member Appeal exhibits. (Exhibit 4).

The appellant testified that he doesn't have any implants and he is requesting a permanent partial denture because he was unable to use a temporary partial. The appellant stated when he eats the food gets under the temporary partial and causes him to gag. The appellant indicated he has lost 20 pounds since March as he is been unable to properly eat.

At the appellant's request the record remained open until January 17, 2022, to provide a letter of medical necessity for the requested service and February 03, 2022, for CCA to respond. (Exhibit 5). The appellant failed to provide any additional evidence within the required time limits.

### **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 is over 21 years of age. (Exhibit 4).
- 3. The appellant's dental provider submitted a prior authorization (PA) request for an implant and abutment placement for crown/implant for tooth #21, 22, 28, and 30, and permanent bridge for tooth #23, 24, 25, 26, 27 and 29. (Exhibit 4).
- 4. Placement of an implant and abutment for a crown/implant for tooth #21, 28, and 30 is not covered under the One Car program. (Exhibit 4).
- 5. Placement of an implant and abutment for crown/implant for tooth #22 as medical evidence indicates the current implant is not well fused with the bone. (Exhibit 4).
- 6. There is insufficient medical evidence why a partial denture would not eliminate the appellant's dental problem and the need for a permanent bridge for tooth #23, 24, 25, 26, 27 and 29. (Exhibit 4).

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### **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 PA request for a dental implant and abutment for crown/implant for tooth #21, 22, 28, and 30, and permanent bridge for tooth #23, 24, 25, 26, 27 and 29. This request was denied by CCA as the request was either not a covered service under the Care One program benefit manual or there was insufficient evidence that the request was medically necessary.

Although the record remained open until January 17, 2022, for the appellant to verify the request for a permanent bridge was medically necessary, he failed to submit any additional medical evidence within the required time period.

Dental implants are not a covered service under the Medicaid program unless you are under 21 years of age. While the appellant maintains his request is a medical necessity, he is over 21 years old and there is no provision for medical necessity for an implant if you are over 21 years of age.<sup>3</sup> Regarding the request for a permanent bridge there is insufficient evidence in the record to determine if the appellant's request for a permanent bridge rather than a temporary bridge is a medical necessity.

The request for a crown/implant for tooth #21, 22, 28, and 30, and a permanent bridge for tooth #23,24, 25, 26, 27 and 29 does not meet CCA Provider Manual criteria or the required MassHealth regulations; therefore, this appeal must be denied.

<sup>&</sup>lt;sup>3</sup> MassHealth 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 EPSDTeligible 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) habitbreaking 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.

### **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.

Brook Padgett Hearing Officer Board of Hearings

cc: SCO Representative: Commonwealth Care Alliance

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