

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2200202
Decision Date:	3/22/2022	Hearing Date:	02/16/2022
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:

Pro se

Appearances for Commonwealth Care Alliance:

Cassandra Horne, Appeals & Grievances
Manager

Jessica Medeiros, Dental Program Director



*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
Decision Date:	3/22/2022	Hearing Date:	2/16/2022
CCA's Reps.:	Cassandra Home, Jessica Medeiros	Appellant's Rep.:	Pro se
Hearing Location:	Remote		

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 December 10, 2021, and following a first-level standard internal appeal, Commonwealth Care Alliance (CCA) notified Appellant that it had denied a prior authorization request for dental services (130 CMR 508.007, 420.000 *et seq.* and Exhibit 1). Appellant filed this appeal in a timely manner on January 10, 2022 (130 CMR 508.007, 610.015, 610.018 and Exhibit 2). Denial of a prior authorization request for dental services is valid grounds for appeal (130 CMR 508.007, 610.018, 610.032(B)).

Action Taken by Commonwealth Care Alliance/MassHealth

CCA denied prior authorization for dental services.

Issue

The appeal issue is whether CCA was correct in denying prior authorization for dental services.

Summary of Evidence

CCA was represented by the Director of Dental Programs, and an Appeals & Grievances Manager. Appellant is a MassHealth member over 21 years of age, who has been enrolled in Commonwealth Care Alliance One Care Program since October 1, 2019. On September 8, 2021, CCA denied a prior authorization request for Dental Procedure Code D6010 Surgical Placement of Implant Body: Endosteal Implant, and Dental Procedure Code D6080 Abutment Supported Porcelain/Ceramic Crown for teeth #30 and #31, which are mandibular (lower jaw) posterior (back) teeth. The prior authorization request was reviewed by SkyGen, which determines medical necessity for services requested through the CCA Dental Program. CCA notified Appellant that the services requested under codes D6010 for implants, and D6080 for abutments, are not covered services under the CCA Dental Program and the treatment plan indicated. Appellant filed a level-one standard appeal which was upheld by CCA. The CCA representative stated that CCA covers a maximum of two implants per arch under dental code D6010 only when implants are needed to support a complete lower or upper denture or one implant per lifetime per tooth to replace one missing anterior (front) tooth when no other teeth are missing (excluding wisdom teeth) (Exhibit 5, p. 83). The treatment plan does not include placement of a complete denture, and teeth #30 and #31 are posterior teeth; therefore, the implants requested were denied. The CCA representative stated that although the CCA dental program covers implants only in certain circumstances, CCA provides more extensive services than MassHealth regulations which do not provide coverage for implants under dental codes D6010 and D6080.

Appellant testified that she had gastric bypass surgery in 2003 and needs implants so she can properly chew her food to maintain good nutrition. Appellant stated that teeth #30 and #31 were extracted. She had a bridge on the left side of her mouth that has deteriorated and dethatched because the teeth holding the bridge in place have decayed. Appellant testified that she has seven front teeth on the lower jaw that will be retained under the current treatment plan, but she needs posterior teeth to chew effectively.

Findings of Fact

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

1. Appellant is a MassHealth member over 21 years of age, who has been enrolled in Commonwealth Care Alliance One Care Program since October 1, 2019.
2. On September 8, 2021, CCA denied a prior authorization request for Dental Procedure Code D6010 Surgical Placement of Implant Body: Endosteal Implant, and Dental Procedure Code D6080 Abutment Supported Porcelain/Ceramic Crown for teeth #30 and #31, which are mandibular (lower jaw) posterior (back) teeth.
3. The prior authorization request was reviewed by SkyGen, which determines medical necessity for services requested through the CCA Dental Program.

4. CCA notified Appellant that the services requested under codes D6010 for implants, and D6080 for abutments, are not covered services under the CCA Dental Program and the treatment plan indicated.
5. Appellant filed a level-one standard appeal which was upheld by CCA.
6. CCA covers a maximum of two implants per arch under dental code D6010 only when implants are needed to support a complete lower or upper denture or one implant per lifetime per tooth to replace one missing anterior (front) tooth when no other teeth are missing (excluding wisdom teeth).
7. The treatment plan does not include placement of a complete denture.
8. Teeth #30 and #31 are posterior teeth that have been extracted.
9. Appellant had gastric bypass surgery in 2003.

Analysis and Conclusions of Law

The CCA Dental Program is based on Commonwealth of Massachusetts regulations governing dental services found in 130 CMR 420.000 *et seq.*, and outlined in the MassHealth Dental Program Office Reference Manual (Exhibit 6). Prior Authorization was requested for Dental Procedure Code D6010 Surgical Placement of Implant Body: Endosteal Implant, and Dental Procedure Code D6080 Abutment Supported Porcelain/Ceramic Crown for teeth #30 and #31, which are mandibular posterior teeth. Regulation 130 CMR 420.421(B)(5) unequivocally states that for members over 21 years of age, MassHealth does not pay for implants of any type or description, and dental codes D6010 and D6080 are not identified as covered services in the Office Reference Manual listing of dental codes. However, while MassHealth regulations preclude payment for implants, CCA allows payment for a maximum of two implants per arch under dental code D6010 only when implants are needed to support a complete lower or upper denture or one implant per lifetime per tooth to replace one missing anterior (front) tooth when no other teeth are missing (excluding wisdom teeth) (Exhibit 5, p. 83). The treatment plan does not include placement of a complete denture, and teeth #30 and #31 are posterior teeth; therefore, CCA correctly denied payment for the implants requested.

The appeal is DENIED.

Order for CCA/MassHealth

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:

Commonwealth Care Alliance SCO, Attn: Cassandra Horne, 30 Winter Street, Boston, MA 02108