

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2202496

Decision Date: 6/29/2022

Hearing Date: June 13, 2022

Hearing Officer: Stanley Kallianidis

Appellant Representative:

Pro se

CCA Representative:

Jessica Medeiros, Dental Operations
Manager



*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:	6/29/2022	Hearing Date:	June 13, 2022
CCA Rep.:	Jessica Medeiros	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 February 24, 2022, denying a prior authorization request for dental services (Exhibit 1). The appellant appealed the action in a timely manner on March 31, 2022 (see 130 CMR 610.015(B) and 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 dental implants for tooth #s 3,4,5,9,10,11,12,14,19 and #20.

Issue

Was CCA correct in denying the appellant's prior authorization request for multiple dental implants?

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

CCA was represented by its Senior Member Services Manager, who testified the appellant is a 62-year-old male who requested dental implants for tooth #s 3,4,5,9,10,11,12,14,19 and #20. CCA denied the request because it was not a covered service and also because it was not medically necessary. The CCA representative testified that CCA guidelines only allow for one implant in the front of the mouth provided that the remaining dentition is in good condition. In this case, the appellant is requesting 10 implants at once where he has multiple missing teeth and significant bone loss. Thus, even if they were a covered service, implants would fail in his case due to too little bone density.

The CCA representative also stated that while CCA guidelines must comply with MassHealth regulations, MassHealth does not cover dental implants at all for adults over 21 years of age. The CCA representative referenced the CCA Dental Provider Manual and member case record in her testimony (Exhibit 3). She concluded that CCA would consider an alternative treatment plan such as full dentures.

The appellant testified that he needs the requested dental implants to maintain proper dental function and maintain his overall health. He testified that his teeth cause him a lot of pain and that is why he needs dental implants. The appellant also stated that he currently has a partial denture but does not wear it and that he does not want full dentures.

The appellant submitted a letter from his dentist which stated that the appellant has “a severe gag reflex problem and has struggled to wear his dentures.” The dentist further stated that “having implants will be the best solution” for the appellant (Exhibit 4).

Findings of Fact

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

1. The appellant is a 62-year-old male who requested dental implants for tooth #s 3,4,5,9,10,11,12,14,19 and #20 (Exhibits 1 & 3).
2. CCA denied the request because it was not a covered service and also because it was not medically necessary (Exhibit 2).
3. The appellant has significant bone loss underlying the teeth for which the implants were requested (Exhibit 3 and testimony).
4. CCA guidelines only allow for one implant in the front of the mouth provided that the remaining dentition is in good condition (Exhibit 3 and testimony).

5. The appellant's dentist indicated that he has "a severe gag reflex problem and has struggled to wear his dentures." The dentist further stated that "having implants will be the best solution" for the appellant (Exhibit 4).
6. The appellant has a partial denture and is potentially eligible for full dentures (testimony).

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 62-year-old member of the CCA, who submitted a request for prior authorization from his dental provider for dental implants for tooth #s 3,4,5,9,10,11,12,14,19 and #20. The request was denied by CCA because it was not medically necessary nor was it a covered service.

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*.

CCA Dental Provider Manual defines Medical Necessity as acceptable health care services and supplies appropriate to the evaluation and treatment of disease, condition, illness, or injury and consistent with the applicable standards of care. Dental care is medically necessary to prevent and eliminate orofacial disease, infection, and pain, to restore form and function of dentition, and to correct facial disfigurement or dysfunction. To approve implants as medically necessary the manual requires documentation which shows fully surgical implant with good crown/root ration as well as healthy bone periodontium surrounding the surgical implant. Also, for implants that are medically necessary, CCA policy only allows one implant per year.

The MassHealth regulations are clear that dental implants are not a covered service under the Medicaid program for persons over 21 years of age such as the appellant. Also, in this case, there is sufficient evidence and testimony of a lack of medical necessity under CCA guidelines in that there is not adequate bone density to support implants for the teeth in question. Notwithstanding the opinion of the appellant's dentist that implants are the best course of treatment for him, they are neither a covered service nor medically necessary as stated above.

The appeal is therefore 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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc: SCO Representative: Commonwealth Care Alliance