

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2204817
<b>Decision Date:</b>	9/13/2022	<b>Hearing Date:</b>	August 18, 2022
<b>Hearing Officer:</b>	Brook Padgett		

**Appellant Representative:**

Pro se

**CCA Representatives:**

Cassandra Horne,  
Appeals and Grievance Supervisor  
Dr. Allen Finkelstein, DMD



*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>	130 CMR 420.421
<b>Decision Date:</b>	9/13/2022	<b>Hearing Date:</b>	August 18, 2022
<b>CCA Rep.:</b>	C. Home	<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 May 18, 2022, denying a prior authorization request for dental services. (Exhibit 1). The appellant appealed the action in a timely manner on June 17, 2022. (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 bone replacement for tooth #5, 13, and 30 and placement of an implant for tooth #5, 13, and 30.

## Issue

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

---

<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>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 a member of the One Care program. The appellant through his provider requested bone replacement (D7953) and implant placement (D6010) for tooth #5, 13 and 30. The request was denied on May 14, 2022, as the CCA Benefit Manual states the request is not a covered service under the One Care program. Dr. Finkelstein testified that the request was denied as it is not a covered service and not a medical necessity as a partial permanent dental bridge could potentially resolve the dental problem. CCA submitted into evidence Dental Provider Manual. (Exhibit 4).

The appellant testified that he is requesting implants because he was unable to use a temporary partial. The appellant indicated the temporary partial irritates his gums and he is unable to eat. The appellant stated he has lost weight and is depressed, and he is ashamed of his appearance without teeth. The appellant indicated he would make an appointment with his dentist to request a partial permanent bridge.

## **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 bone replacement (D7953) and implant placement (D6010) for tooth #5, 13 and 30. (Exhibit 4).
4. Bone replacement is not a covered service under the One Care program. (Exhibit 4).
5. Implant placement is not a covered service under the One Care program. (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 PA request for bone replacement and implant placement for tooth #5, 13 and 30. The PA was denied by CCA as neither request is a covered service under either the Care One program or MassHealth.

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.

The request for bone replacement and implant placement for tooth #5, 13 and 30 does not meet CCA Provider Manual criteria nor the MassHealth regulations<sup>3</sup>; 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.

---

Brook Padgett  
Hearing Officer  
Board of Hearings

cc: SCO Representative: Cassandra Horne, Commonwealth Care Alliance

---

<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 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*.