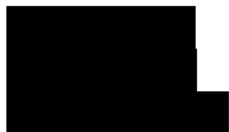


Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2206856
Decision Date:	2/14/2023	Hearing Date:	January 26, 2023
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se

CCA Representatives:

Cassandra Horne,
Appeals and Grievance Supervisor
Kaley Emery, Sr. Dir. Ancillary Programs,
Dental Operations
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

Appeal Decision:	Denied	Issue:	130 CMR 420.421
Decision Date:	2/14/2023	Hearing Date:	January 26, 2023
CCA Rep.:	C. Home	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 April 07, 2022, denying a prior authorization request for dental services. (Exhibit 1). The appellant appealed the action in a timely manner on September 12, 2022. (130 CMR 610.015(B); Exhibit 2).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 the placement of an implant on tooth #9.

Issue

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

¹ 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.

² 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. On January 12, 2022, the appellant through her provider submitted a prior authorization (PA) request for an implant (D6010), abutment (D6057) and support (D6059) for tooth #9. The request was denied on April 07, 2022, as the CCA Benefit Manual states the request is not a covered service in the appellant's benefit program. Dr. Finkelstein testified the appellant's submitted x-ray evidence that indicates one tooth is missing at the same time the appellant's dental records indicate a number of teeth are missing. Dr. Finkelstein stated that in addition to the conflicting medical documentation there was no evidence submitted that an implant was medically necessary. CCA submitted into evidence the CCA Dental Provider Manual. (Exhibit 4).

The appellant testified she is physically and psychologically disabled and after contracting long haul COVID her front tooth turned gray. The appellant maintained she contacted CCA and was informed she was eligible for an implant. The appellant claimed that because she received approval for the implant, she had her front tooth pulled. The appellant stated she is very upset with CCA as they are now saying she is not eligible for an implant and she has called a number of times to resolve this issue, but no one has returned her calls. The appellant stated she is embarrassed and humiliated without a front tooth and that the missing tooth is effecting her agoraphobia and survivors' guilt. The appellant submitted into evidence a telemedical report dated November 29, 2022. (Exhibit 5).

CCA responded that the appellant's dental records do not indicate she needed to have any teeth extracted and that it appears a partial denture would resolve her issue regarding tooth #9.

The appellant stated she did not want a partial 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 PA request for an implant (D6010), abutment (D6057) and support (D6059) for tooth #9. (Exhibit 4).
4. Implant placement is not a covered service under the One Care program. (Exhibit 4).
5. Implant placement is not a covered service under MassHealth for those members over 21.

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 implant placement for tooth #9. CCA denied the request as it is not a covered service under the Care One program.

Dental implants are not a covered service under the Medicaid program unless you are under 21 years of age. (*See* 130 CMR 420.421(B)(6))³. While the appellant maintains her request is a medical necessity due to her disability, she is over 21 years old and there is no medical necessity provision for the authorization of an implant if you are over 21 years of age.

The request for an implant (D6010), abutment (D6057) and support (D6059) for tooth #9 does not meet CCA Provider Manual criteria nor the MassHealth regulations; therefore, this appeal must be DENIED.

Order for CCA

None.

³ 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*. (*Emphasis added*).

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: ICO Representative: Commonwealth Care Alliance