

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



CORRECTED Appeal Decision:	Approved in part Denied in part	Appeal Number:	2300610
Decision Date:	5/23/2023	Hearing Date:	03/01/2023
Hearing Officer:	Kenneth Brodzinski	Record Open to:	03/20/2023

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Cassandra Horne; Kaleigh Emery and Jessica
Medeiros for Commonwealth Care Alliance

Interpreter:

Russian



*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

CORRECTED Appeal Decision:	Approved in part Denied in part	Issue:	Prior Authorization - Dental
Decision Date:	5/23/2023	Hearing Date:	03/01/2023
MassHealth's Rep.:	Cassandra Horne - CCA	Appellant's Rep.:	Pro se
Hearing Location:	Quincy		

Correction Preamble

This corrected decision replaces and supersedes the original decision issued on May 16, 2023 which contained an error in the Order. The original Order directs CCA to pay the provider. This corrected order directs CCA to reimburse Appellant. No other changes were made.

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notices dated December 22, 2022 (d/o/s [REDACTED] 2021) and [REDACTED] 2023 (d/o/s [REDACTED], 2021) MassHealth's agent, Commonwealth Care Alliance (CCA) issued Level 1 denials of Appellant's request for payment for dental services (Exhibit A). Appellant filed her fair hearing requests in a timely manner on January 25, 2023 (see 130 CMR 610.015(B) and Exhibit A). Denial of assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth's agent, CCA, issued Level 1 denials of Appellant's requests for payment of dental services.

Issue

The appeal issue is whether MassHealth's agent, CCA, properly applied the controlling regulation(s) to accurate facts when it issued Level 1 denials of Appellant's requests for payment of dental services for d/o/s [REDACTED] 2021 and [REDACTED] 2021.

Summary of Evidence

Both parties appeared by telephone. CCA filed a packet of documents (Exhibit B). Appellant filed a post-hearing submission (Exhibit C).

The CCA representatives testified that the claim for date of service [REDACTED] 2021 was for an examination and a cone beam scan x-ray for total cost of \$350.00. Coverage for the cost of examination was denied because CCA had not received a proper receipt. However, CCA now has the receipt and will cover the \$100.00 cost of examination. Cost of the cone beam scan x-ray, dental service code D0367, remains denied insofar as this is not a covered service under the MassHealth or CCA dental programs.

The CCA representatives testified that the claim for date of service [REDACTED] 2021 was originally denied due to a lack of a receipt and a written prior authorization request. Since then, CCA has received a copy of the receipt, but still has not received the required prior authorization request.

Appellant testified that she filed a prior authorization request. Appellant asserted that the doctor filled it out and then she filed electronically. As to the cone beam scan x-ray, Appellant testified that it was needed to gain an understanding of what was happening inside her mouth.

Appellant spent the majority of her time testifying about the difficulties she has encountered with the CCA dental program. Appellant asserted that unnecessary delays caused by CCA has caused her dental condition to deteriorate unnecessarily.

In response, the CCA representatives acknowledged receiving a prior authorization request for a crown for tooth number 11 but they never received a request for the crown lengthening on tooth number 11. The CCA representatives also noted that Back Bay dental services provided the crown lengthening on [REDACTED] 2022.

Appellant testified that the prior authorization request was submitted by Back Bay. Appellant also asserted that prior authorization should not have been required because the service was done urgently and by an out-of-network provider. Nevertheless, the request was completed and filed.

The hearing record was left open to allow Appellant an opportunity to file a copy of the prior authorization that she claims was filed. CCA was given a week thereafter to file a written

response.

Appellant filed documentation and timely manner (Exhibit C). Included in the documentation is a copy of an ADA Dental Claim Form regarding crown lengthening for tooth number 11 performed on [REDACTED] 2021. The form is signed and dated [REDACTED] 2021. The submission indicates that this form was shared with the CCA representatives during the record open period (Id).

By the record-close date and the date of this decision, CCA has made no response to Appellant post-hearing submission.

Findings of Fact

By a preponderance of the evidence, this record supports the following findings.

1. Appellant's claim for date of service [REDACTED] 2021 was for an examination and a cone beam scan x-ray for total cost of \$350.00.
2. Coverage for the cost of examination was denied because CCA had not received a proper receipt.
3. By the time of hearing CCA had the receipt and will cover the \$100.00 cost of examination.
4. CCA continues to deny the cost of the cone beam scan x-ray, dental service code D0367, on the grounds that it is not a covered service under the MassHealth or CCA dental programs.
5. Appellant's claim for date of service [REDACTED] 2021 was originally denied due to a lack of a receipt and a written prior authorization request.
6. By the time of hearing, CCA had received a copy of the receipt, but still had not received the required prior authorization request.
7. Appellant filed a prior authorization request for crown lengthening on tooth number 11.
8. An ADA Dental Claim Form regarding crown lengthening for tooth number 11 performed on [REDACTED] 2021 is dated [REDACTED] 2021 was copied to the CCA representatives during the record-open period (Exhibit C).
9. By the record-close date and the date of this decision, CCA has made no response to Appellant post-hearing submission.

Analysis and Conclusions of Law

Covered MassHealth dental service codes are listed in the *“Dental Manual for MassHealth Providers, Subchapter 6, Appendix T: CMSP Covered Codes”* a review of which reveals that service code D0367 relative to the cone beam scan X-ray is not listed (130 CMR 420.421(A)(1)). Accordingly, this record supports CCA’s determination that D0367 is not a covered service. Appellant’s appeal as to the cone beam payment is DENIED.

Appellant’s post-hearing submission included a copy of an ADA Claim Form from Back Bay Oral And Maxillofacial Surgery And Dental Surgery, 311 Commonwealth Ave Apt 10, Boston, MA, 02115 signed [REDACTED] 2022 relative to crown lengthening for tooth number 11. According to Appellant this form constitutes the required PA request. CCA made no response to Appellant’s post-hearing submission. Accordingly, Appellant’s unchallenged assertion stands. Insofar as CCA has the request that it said it was previously lacking, and the request has not been challenged, there is no reasonable basis to conclude it is insufficient in any way and the requested payment for crown lengthening for tooth number 11 is warranted. Appellant’s appeal as to the payment for the crown lengthening on tooth number 11 is APPROVED.

Order for Commonwealth Care Alliance

Reimburse Appellant for crown lengthening for tooth number 11 performed on [REDACTED], 2021 and the examination performed on [REDACTED] 2021.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

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