

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2179275

Decision Date: 03/10/2022

Hearing Date: 03/04/2022

Hearing Officer: Patricia Mullen

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway, DentaQuest



*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:	Provisional crowns and implants
Decision Date:	3/10/2022	Hearing Date:	03/04/2022
MassHealth's Rep.:	Dr. Sheldon Sullaway, DentaQuest	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South		

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 September 30, 2021, MassHealth denied the appellant's request for prior authorization for provisional crowns on 22 teeth and request for implants on teeth numbers 15 and 31, because MassHealth determined the requested dental services are not covered under the MassHealth dental program. (see 130 CMR 420.421(B) and Exhibit 1). The appellant filed this appeal in a timely manner on December 7, 2021¹. (see 130 CMR 610.015(B) and Exhibit 2). The hearing was originally scheduled for January 11, 2022 but an incorrect phone number was listed on the appeal request and the hearing officer was not able to reach the appellant. (Exhibits 2, 4). The appeal was rescheduled at the request of the appellant, who provided the correct telephone number. (Exhibit 5). Denial of a request for prior authorization is valid grounds for appeal (see 130 CMR 610.032).

¹ In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends;
 - All appeal hearings will be telephonic; and
 - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for provisional crowns on 22 teeth and for implants for teeth numbers 15 and 31.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.421(B) in determining that provisional crowns and dental implants are not covered services under the MassHealth dental program.

Summary of Evidence

The appellant appeared telephonically. MassHealth was represented telephonically by a dentist consultant with DentaQuest, the agent of MassHealth that makes prior authorization determinations for dental services. The appellant is over age 21 and open on MassHealth Standard. (Exhibit 3). On September 29, 2021, the appellant's dentist submitted a request for prior authorization for procedure code D2799, specifically provisional crowns, on 22 teeth. (Exhibit 7, pp. 3-6). The appellant's dentist submitted some x-rays of the appellant's teeth, but provided no narrative or other information. (Exhibit 7). MassHealth denied the request for provisional crowns, noting that provisional crowns are not a covered service, and instructed the provider dentist to refer to the MassHealth Dental Office Reference Manual for definition of covered procedure codes. (Exhibit 7, pp. 3-5).

The MassHealth representative stated that procedure code D2799 does not appear in the MassHealth Dental Office Reference Manual and provisional crowns are not a covered service. The MassHealth representative explained that provisional crowns are temporary crowns which are placed while awaiting completion of permanent crowns. The MassHealth representative stated that provisional crowns are done in conjunction with permanent crowns and are not considered a separate service. Provisional crowns are included in the fee for permanent crowns. (Testimony).

The request for prior authorization for dental implants was not included in the record, but a MassHealth denial notice dated September 30, 2021 shows that the provider submitted a request for procedure codes D6010, D6057, D5982, and D6065 for the appellant's teeth numbers 15 and 31. (Exhibit 1, pp. 3-4). The appellant submitted a copy of her dental provider's treatment plan and such plan lists these codes as part of dental implant services. (Exhibit 18, p. 4). The MassHealth representative testified that pursuant to 130 CMR 420.421(B), dental implants are not covered under the MassHealth dental program. The MassHealth representative stated further that procedure codes D6010, D6057, D5982, and D6065 do not appear in the MassHealth Dental Office Reference Manual.

The appellant stated that she thought her dental provider already submitted the request for prior authorization for permanent crowns on the 22 teeth, but she was not certain. The appellant noted

that her dental provider told her she would need provisional crowns before the permanent ones could be placed. The appellant stated that she was hoping MassHealth would cover the requested implants based on her dental history. (Exhibit 8).

Findings of Fact

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

1. The appellant is over age 21 and open on MassHealth Standard.
2. On September 29, 2021, the appellant's dentist submitted a request for prior authorization for procedure code D2799, specifically provisional crowns, on 22 teeth.
3. The appellant's dentist submitted some x-rays of the appellant's teeth, but provided no narrative or other information with regard to the provisional crowns.
4. Procedure code D2799 does not appear in the MassHealth Dental Office Reference Manual or Subchapter 6 of the MassHealth Dental Manual.
5. The appellant's provider submitted a request for prior authorization for procedure codes D6010, D6057, D5982, and D6065 for the appellant's teeth numbers 15 and 31.
6. MassHealth denied the appellant's request for prior authorization for procedure codes D6010, D6057, D5982, and D6065.
7. The appellant's dentist's treatment plan lists these codes as part of dental implant services.
8. Procedure codes D6010, D6057, D5982, and D6065 do not appear in the MassHealth Dental Office Reference Manual or Subchapter 6 of the MassHealth Dental Manual.

Analysis and Conclusions of Law

Covered and Noncovered Services: Introduction

(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 younger than 21 years old.

(B) Noncovered Services. The MassHealth agency does not pay for the following services for any member, except when MassHealth determines the service to be medically necessary and the member is younger than 21 years old. Prior authorization must be submitted for any medically necessary noncovered services for members younger than 21 years old.

- (1) cosmetic services;
- (2) certain dentures including unilateral partials, overdentures and their 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) counseling or member education services;
- (4) habit-breaking appliances;
- (5) implants of any type or description;
- (6) laminate veneers;
- (7) oral hygiene devices and appliances, dentifrices, and mouth rinses;
- (8) orthotic splints, including mandibular orthopedic repositioning appliances;
- (9) panoramic films for crowns, endodontics, periodontics, and interproximal caries;
- (10) root canals filled by silver point technique, or paste only;
- (11) tooth splinting for periodontal purposes; and
- (12) any other service not listed in Subchapter 6 of the Dental Manual.

(130 CMR 420.421(A), (B)).

Service Descriptions and Limitations: Restorative Services

The MassHealth agency pays for restorative services in accordance with the service descriptions and limitations in 130 CMR 420.425(A) through (E). The MassHealth agency considers all of the following to be components of a completed restoration (local anesthesia tooth preparation, acid etching, all adhesives applications, resin bonding agents, amalgam bonding agents, liners, bases, amalgams, resin-based composites, glass ionomers, curing and polishing) and includes them in the payment for this service. The MassHealth agency does not pay for composite or amalgam restorations replaced within one year of the date of completion of the original restoration when replaced by the same provider or dental group. The initial payment includes all restorations replaced due to defects or failure less than one year from the original placement.

(130 CMR 420.425).

Members 21 Years of Age and Older. The MassHealth agency pays for the following crown materials on permanent incisors, cuspids, bicuspid, and first and second molars:

- (a) crowns porcelain fused to predominantly base metal;
- (b) crowns made from porcelain or ceramic;
- (c) stainless steel crowns only if crown porcelain fused to predominately base metal is unsuitable and extraction (the alternative treatment) would cause undue medical risk for a member with one or more medical conditions that include, but are not limited to
 1. hemophilia;

2. history of radiation therapy;
 3. acquired or congenital immune disorder;
 4. severe physical disabilities such as quadriplegia;
 5. profound intellectual or developmental disabilities; or
 6. profound mental illness; and
- (d) posts and cores and/or pin retention.

(130 CMR 420.425(C)(2)).

MassHealth does not pay for services not listed in Subchapter 6 of the Dental Manual. (130 CMR 420.421(B)(12)). Code D2799 is not listed in Subchapter 6 of the Dental Manual. (Exhibit 13).

Section 15.2 of the MassHealth Dental Office Reference Manual sets forth the necessary criteria for crowns. (Exhibit 9, p. 1). In addition to the necessary clinical criteria for coverage of crowns on certain teeth, section 15.2 states that “[t]he fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.” (Exhibit 9, p. 1).

Appendix D of the MassHealth Dental Office Reference Manual states that the MassHealth Dental Program claim system will only process claims with the codes as described in 130 CMR 420.000, et. seq., and listed in the tables in Appendix D and all claims with codes not listed in the tables at Appendix D will be rejected. (Exhibit 10). Exhibit B in Appendix D contains dental benefits covered for MassHealth members age 21 and older. (Exhibit 11). Code D2799 does not appear in the table of dental benefits covered for MassHealth members age 21 and older. (Exhibit 11). Provisional crowns are not listed as a covered service in the MassHealth regulations at 130 CMR 420.425, nor is code D2799 listed in Subchapter 6 of the MassHealth Dental Manual. Provisional crowns are included in the fee for permanent crowns.

The appellant is over age 21 and MassHealth does not pay for dental implants of any type or description for members age 21 and older. (130 CMR 420.421(B)(5)). There is no exception to this limitation. Further the codes submitted by the appellant’s dentist, D5982, D6010, D6057, and D6065, are not listed in Appendix D, exhibit B, in the MassHealth Dental Office Reference Manual in the table of dental benefits covered for MassHealth members age 21 and older. (Exhibit 13). Codes D5982, D6010, D6057, and D6065 are also not listed in Subchapter 6 of the MassHealth Dental Manual. (Exhibit 14).

Based on the MassHealth regulations and MassHealth Dental Office Reference Manual, MassHealth’s determination that provisional crowns and dental implants are not covered services is upheld. The appeal is denied.

Order for 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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest