

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2179385
Decision Date:	3/03/2022	Hearing Date:	01/21/2022
Hearing Officer:	Christine Therrien		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Sheldon Sullaway



*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:	Dental
Decision Date:	3/03/2022	Hearing Date:	01/21/2022
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	
Hearing Location:	Telephonic		

Authority

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

Jurisdiction

Through a notice dated 12/9/21, MassHealth denied the appellant's prior authorization for MassHealth benefits because MassHealth determined that the service is not covered (130 CMR 420.421(B) and Exhibit 1). The appellant filed this appeal in a timely manner on 12/10/21 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's request for prior authorization for dental services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.421(B), in determining that the requested dental services are not covered.

Summary of Evidence

The MassHealth representative, a licensed dentist, testified that the appellant's dental provider submitted a prior authorization request on 12/9/21 for a mandibular partial denture – flexible base (D5226). The MassHealth representative testified that this request was denied on 12/9/21 because these are not MassHealth covered services for an adult. The MassHealth representative stated there is no coverage for the requested service.

The appellant testified that she had a “flipper tooth” that caused her to lose teeth. The appellant testified that she received this same partial for her upper jaw in 2017, and it was considered a covered service. The appellant testified that not having these teeth is impacting her mental health.

Findings of Fact

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

1. The appellant’s dental provider submitted a prior authorization request on 12/9/21 for a mandibular partial denture – flexible base (D5226).
2. The request was denied on 12/9/21 because these are not MassHealth covered services for an adult.
3. There is no coverage for procedure code D5226.

Analysis and Conclusions of Law

MassHealth only pays for medically necessary services established through the prior authorization process. 130 CMR 420.410(D)(1) states that “[p]rior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility, the availability of other health-insurance payment, or whether the service is a covered service.” Additionally, 130 CMR 420.410(C)(1) indicates that “[t]he provider is responsible for including with the request for prior authorization appropriate and sufficient documentation to justify the medical necessity for the service.”

130 CMR 420.421(F) governs the authorization of covered and noncovered services. This regulation states that MassHealth will not authorize the payment for services not listed in Subchapter 6 of the Dental Manual 130 CMR 420.421(B).¹

130 CMR 420.421: 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 under age 21.

¹ <https://www.mass.gov/files/documents/2022/01/14/sub6-den.pdf>

(emphasis added)

Per Subchapter 6 of the Dental Manual and the “MassHealth Dental Program Office Reference Manual,” the procedure code D5226 is only covered once per 84 months for members under age 21.² As the appellant is over aged 21 this is not a covered service.³ Based on the evidence MassHealth was within regulatory authority in denying the appellant’s PA request for procedure code D5226. This 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.

Christine Therrien
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA

² <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>

³ Procedure code D5212 mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth) is a covered service for members over aged 21.