

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2200672
<b>Decision Date:</b>	3/25/2022	<b>Hearing Date:</b>	February 25, 2022
<b>Hearing Officer:</b>	Brook Padgett		

**Appellant Representative:**

Pro se



**MassHealth Representative:**

Sheldon Sullaway, DDM



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> floor  
Quincy, MA 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	130 CMR 420.421
<b>Decision Date:</b>	3/25/2022	<b>Hearing Date:</b>	February 25, 2022
<b>MassHealth Rep.:</b>	S. Sullaway, DDM	<b>Appellant Rep.:</b>	██████
<b>Hearing Location:</b>	Springfield		

## 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 dated December 26, 2021 stating: Your request for prior authorization for D6066 (dental implant with high noble alloy) and D5226 (flexible based mandibular partial denture) has been denied. (130 CMR 420.427(F) (Exhibit 1).

The appellant filed this appeal timely on December 27, 2021. (130 CMR 610.015(B); Exhibit 2).

Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for a dental implant with high noble alloy and a flexible based partial denture.

## Issue

Is the appellant eligible for the requested services?

## Summary of Evidence

The MassHealth representative, a licensed dentist, stated the appellant's dental provider submitted a prior authorization (PA) request for D6066 and D5226; however, neither of these requests are covered by the appellant's MassHealth plan so they were denied. The representative stated a dental implant with a high noble alloy such as gold is not permitted under the regulations and neither is a flexible mandibular partial denture. The representative indicated there are other dental options for the appellant such as a removal denture or a fixed bridge or a partial denture which are all covered by MassHealth, but the appellant's provider would have to examine the appellant and determine which was appropriate and then submit a request.

The appellant argued that she has been to the dentist more than 30 times trying to resolve her lower denture issue. The appellant maintained she previously received a lower resin-based denture which didn't fit properly. The appellant stated that in 2017 she received a flexible denture for her uppers which MassHealth covered which was secured by tooth #12. The appellant stated she went to the dentist and was given Novocain, to which she is allergic and had a reaction. The dentist then extracted tooth #12 without her consent and so she requires an implant as she no longer has a tooth to secure the partial denture. The appellant stated her dentist believed D5226 flexible mandibular partial would solve her problem. The appellant argued she understands why high noble alloy would be denied but she did not make the request it was done by her dentist. The appellant maintained she has been dealing with these issues since December which has "sent her anxiety through the roof".

The representative from DPH inquired whether the MassHealth representative could advise the appellant as to the correct appliance for MassHealth approval.

The MassHealth representative responded that the appellant should contact the member Complaint Department to resolve the issue with tooth #12. The representative stated he can only speak to whether she is eligible for the services denied on the December 26, 2021 notice. That notice denied the requested procedures because they are not covered by MassHealth and there are no medical necessity exceptions for members over 21 years of age. The representative stated he cannot offer advice regarding what her provider should be requesting as he has not examined the appellant.

## Findings of Fact

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

1. The appellant is more than 21 years of age.
2. On December 22, 2021 the appellant's dental provider submitted a PA request for D6066 and D5226. (Exhibit 4).
3. On December 22, 2021 MassHealth denied the appellant's PA request as items are not covered by MassHealth. (Exhibit 4 and Testimony).

## Analysis and Conclusions of Law

On December 22, 2022, the appellant's dental provider submitted a PA request for a D6066 implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) and a D5226 mandibular partial denture - flexible base (including any clasps, rests and teeth).

130 CMR 420.421(F)<sup>1</sup> governs the authorization of covered and noncovered services. This regulation states that MassHealth will not authorize the payment for (2) certain dentures including dentures of specialized designs or techniques or (6) implants of any type or description for any member, except when medically necessary for members under age 21 with prior authorization.

The appellant's request was properly denied by MassHealth as D5226 and D6066 are noncovered services. While the appellant may need an additional dental appliance her provider has submitted a PA request for services not covered by MassHealth. Although the appellant has indicated her lack of teeth and the process of obtaining the correct appliance has caused her increased anxiety there is no provision in the MassHealth regulations for medical necessity for members over the age of 21.

The appellant's request for an implant supported porcelain fused to metal crown (D6066) and a mandibular partial denture with a flexible base (D5226) is not listed as a covered service by MassHealth therefore this appeal must be denied.

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<sup>1</sup> 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. **(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 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) 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*).

## **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.

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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: MassHealth representative DentaQuest