

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2200986
Decision Date:	4/12/2022	Hearing Date:	03/11/2022
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:

Pro se




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:	Prior authorization – Adult Dental Services
Decision Date:	4/12/2022	Hearing Date:	03/11/2022
MassHealth’s Rep.:	Dr. Sheldon Sullaway	Appellant’s Rep.:	
Hearing Location:	Quincy Harbor South	Aid Pending:	No

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 November 5, 2021, MassHealth denied the appellant's prior authorization request for dental service code D1110 (prophylaxis – adult) (Exhibit 1). The appellant filed this appeal in a timely manner on February 9, 2022 (Exhibit 2) ¹. Denial of a prior authorization request is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant’s prior authorization request for dental service code D1110.

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.

Issue

The appeal issue is whether MassHealth was correct in denying the appellant's prior authorization request.

Summary of Evidence

MassHealth was represented via telephone by a dental consultant from DentaQuest, the MassHealth dental administrator. He testified that on October 11, 2021, the appellant's dental provider submitted a prior authorization request on the appellant's behalf for dental service code D1110 (prophylaxis – adult). On November 5, 2021, MassHealth denied the request because “the requested documentation and/or additional information to help us fairly examine the member's need for the requested service and make a decision was not received within the time frame allowed. Please resubmit with ADA form and all required information necessary to make a decision for medical necessity. Please resubmit with a narrative regarding treatment.”

The MassHealth representative explained that D1110 is the code for adult prophylaxis, or cleaning. Pursuant to the Office Reference Manual, patients are limited to two cleanings per a calendar year. There is no authorization required for the two cleanings per year, but the appellant is looking for more than two cleanings. MassHealth has already paid for two D1110 within the year. His provider did not submit enough information for MassHealth to authorize the request. His provider did not include a narrative, which is required.

The appellant and his friend appeared at hearing via telephone and testified that he gets scaling and root planing which should entitle him to a cleaning every three months. His friend, who used to work for Delta Dental, stated that his dentist should have submitted the code 4910 for approval, not D1110. The appellant also stated that he had a hearing with the Board of Hearings on February 3, 2017 over the same issue. He testified that after that hearing, the hearing officer notified him that Dr. Sullaway overturned the denial by MassHealth and approved him for the services and he could get four cleanings per year.² The appellant also testified that he is a diabetic and that should entitle him to additional cleanings during the year. He stated that this procedure has been covered for him on a continuous basis for many years. He also noted that he is at a new dental office.

Dr. Sullaway responded that code 4910 is not in the Office Reference Manual and is not a covered service by MassHealth. He explained that this was an administrative determination, not a clinical one, based on the fact that the appellant's provider did not submit sufficient evidence for MassHealth to approve the requested service. The provider did not include a narrative regarding treatment.

² Board of Hearings records indicate that the hearing (#1615542) was held on January 27, 2017 and the record was held open for additional evidence until February 9, 2017.

Findings of Fact

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

1. The appellant's provider submitted a prior authorization request for D1110 (prophylaxis – adult) on October 11, 2021 (Testimony and Exhibit 5).
2. On November 5, 2021, MassHealth denied the request because “the requested documentation and/or additional information to help us fairly examine the member's need for the requested service and make a decision was not received within the time frame allowed. Please resubmit with ADA form and all required information necessary to make a decision for medical necessity. Please resubmit with a narrative regarding treatment.” (Testimony and Exhibit 5).
3. MassHealth has already paid for two D1110 for the appellant (Testimony and Exhibit 5).
4. The appellant's provider did not submit a narrative with the prior authorization request (Testimony and Exhibit 5).

Analysis and Conclusions of Law

MassHealth pays for dental services when they are medically necessary **and** covered by MassHealth's dental program. The regulations at 130 CMR 420.421 specify those services that are covered and not covered by MassHealth. MassHealth's coverage of specific services varies depending on whether a member is under the age of 21. The appellant is over the age of 21. Pursuant to 130 CMR 420.421(B), MassHealth does not pay for services that are not listed in Subchapter 6 of the Dental Manual.

Additionally, 130 CMR 420.410(C) states that “the provider is responsible for including with the request for prior authorization appropriate and sufficient documentation to justify medical necessity for the service. Refer to Subchapter 6 of the *Dental Manual* for prior authorization requirements.” Subchapter 6 of the Dental Manual shows that D1110 is limited to twice per calendar year and does not require authorization for those two visits.

The appellant is looking for D1110 (prophylaxis – adult) in excess of twice per a calendar year. The appellant's provider did not submit sufficient documentation to allow MassHealth to make a clinical determination. In its denial notice, MassHealth requested that the provider resubmit the prior authorization with a narrative regarding treatment, in addition to the ADA form and all other required information. The provider did not do so and, as of the date of hearing, MassHealth did not have sufficient information to overturn its initial denial. The appellant has not provided any other documentation in support of his prior authorization request. For these reasons, 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA