

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: DENIED

Appeal Number: 2201196

Decision Date: 5/12/2022

Hearing Date: 03/22/2022

Hearing Officer: Kenneth Brodzinski

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Dr. Sheldon Sulloway



*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 - Dental
Decision Date:	5/12/2022	Hearing Date:	03/22/2022
MassHealth's Rep.:	Dr. Sheldon Sulloway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy		

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 10, 2021; January 19, 2022 and February 1, 2022, MassHealth denied three prior authorization requests seeking multiple dental services for multiple teeth (Exhibit A). Appellant filed for this appeal in a timely manner on February 15, 2021 (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 denied three prior authorization requests seeking multiple dental services for multiple teeth.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied three prior authorization requests seeking multiple dental services for multiple teeth.

Summary of Evidence

Both parties appeared by telephone.

MassHealth was represented by practicing dentist duly licensed in the Commonwealth. The MassHealth representative testified that Appellant's dental provider submitted three prior authorization requests for multiple dental services all of which were denied because they are not covered services for members over the age of 21 such as Appellant. MassHealth issued three denials dated December 10, 2021, January 19, 2022 and February 1, 2022. All of the following requested services codes were denied for being a non-covered service:

D6010 - surgical placement of an implant for teeth numbers 10, 14, 19 and 30.
D6056 - prefabricated abutment for teeth number 10, 14, 19 and 30.
D6058 – abutment for teeth numbers 10, 14, 19 and 30.
D9944 – occlusal guard.
D2799 – temporary crowns for teeth numbers 2, 3, 4, 5, 6, 7, 8, 9 11, 12, 13, 18 31, 29, 28, 27, 26, 25, 24, 23, 22 and 21.

Appellant testified that four of her dental implants are infected and need to be extracted and replaced. Appellant also testified that root canals had been performed years ago on healthy teeth and now many are infected. Appellant is seeking to have all the caps on her remaining teeth removed in order to see what is underneath and have them rebuilt. She explained that Harvard Dental School had originally requested treatment for just the four implants, but then they resubmitted for all of the work cited by the MassHealth representative.

Appellant testified that she is disabled and cannot afford to pay for the requested dental work. She stated that she only receives \$800 per month in public benefits.

Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. Appellant's dental provider submitted three prior authorization requests for multiple dental services.
2. MassHealth denied all of the requested service codes on the grounds that they are not covered services for members over the age of 21.
3. Appellant is over the age of 21.
4. MassHealth issued three denial notices dated December 10, 2021, January 19, 2022 and February 1, 2022.

5. In total, the three requests sought authorization for the following dental services:
D6010 - surgical placement of an implant for teeth numbers 10, 14, 19 and 30;
D6056 - prefabricated abutment for teeth number 10, 14, 19 and 30; D6058 –
abutment for teeth numbers 10, 14, 19 and 30; D9944 – occlusal guard; and
D2799 – temporary crowns for teeth numbers 2, 3, 4, 5, 6, 7, 8, 9 11, 12, 13, 18
31, 29, 28, 27, 26, 25, 24, 23, 22 and 21.

Analysis and Conclusions of Law

"The burden of proof is on the appealing party to show that the order appealed from is invalid, and we have observed that this burden is heavy" (*Massachusetts Inst. of Tech. v. Department of Pub. Utils.*, 425 Mass. 856, 867, 684 N.E.2d 585 (1997)).

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 contains none of the dental codes identified in Appellant's three prior authorization requests (130 CMR 420.421(A)(1)). Accordingly, this record supports MassHealth's determination that MassHealth does not cover any of the requested services.

Appellant failed to meet her burden. At hearing, she explained why she was seeking the requested dental services, but she did not provide any legal or factual basis to show that the agency's denial was invalid.

For the foregoing 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA