

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2202854
Decision Date:	6/30/2022	Hearing Date:	06/17/2022
Hearing Officer:	Christopher Taffe		

Appearance for Appellant:

Appellant, with [REDACTED] (Daughter and Authorized Rep.) (by phone)

Appearance for MassHealth:

Cynthia Yered, DMD (on behalf of DentaQuest) (by phone)



*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:	PA – Dental Benefits; MassHealth Limited Beneficiary
Decision Date:	6/30/2022	Hearing Date:	06/17/2022
MassHealth's Rep.:	C. Yered, DMD	Appellant's Rep.:	Daughter
Hearing Location:	HarborSouth Tower, Quincy	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 on or around April 6, 2022, MassHealth denied Appellant's PA request for core buildup and a crown on a lower right posterior molar tooth. See 130 CMR 450.105(F). Appellant filed this appeal over the phone and in a timely manner on April 12, 2022. See 130 CMR 610.015(B) and Exhibit 1. The appeal was initially dismissed without prejudice to verify Appellant's authority to file an appeal on April 21, 2022, but Appellant filed a sufficient and timely response on April 25, 2022. See Exhibit 1B; 130 CMR 610.036; and 130 CMR 610.048. Challenging a MassHealth denial of a request for assistance is a valid ground for appeal to the Board of Hearings. See 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's request for certain type of restorative dental services.

Issue

Is Appellant entitled to greater consideration of her prior authorization request for this dental treatment, or is the request not possible due to her current type of MassHealth benefits.

Summary of Evidence

Appellant is a [REDACTED] MassHealth member. She is not a U.S. Citizen, but she is currently a legal permanent resident and has been since 2021, after emigrating to the United States from Parkistan. She lives with her daughter, who helped to represent her at hearing. MassHealth was represented at hearing by a dentist who is a consultant for DentaQuest; DentaQuest is the name of the company that contracts with MassHealth to administer its dental program and benefits.

On or around April 6, 2022, Appellant's dental provider in Natick submitted a request for core buildup and a porcelain/ceramic crown on tooth #30, a lower right molar tooth. Appellant and her daughter explained that Appellant actually first went to a community health center in Leominster, for certain root-canal or root-canal related treatment but she was eventually told to go to this dentist in Natick for the core buildup and crown portions of treatment. At times, Appellant was told by people, including certain MassHealth people, that this service would be covered by MassHealth if and when she got to the appropriate provider.

The DentaQuest representative explained that, based on the information in Exhibit 4, Appellant's insurance benefit was "MassHealth Limited", which was limited to emergency services only. In terms of dental services, the dentist explained that this limited benefit generally consisted of an exam, x-rays, and if necessary an extraction.

The documentation in Exhibit 1 indicates that Appellant's only Massachusetts Medicaid benefit is MassHealth Limited and that she has such MassHealth Limited coverage, uninterrupted, from May 29, 2021 to the present.

Findings of Fact

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

1. At all times relevant to this appeal and since May 29, 2021, Appellant has been a MassHealth member with a coverage type of "MassHealth Limited". (Testimony and Exhibits 1 and 3)
2. On or around April 6, 2022, Appellant's dental provider in Natick submitted a request for core buildup and a porcelain/ceramic crown on tooth #30, a lower right molar tooth. (Testimony and Exhibit 3)
3. MassHealth denied this request for not being covered as part of Appellant's MassHealth Limited benefit. (Testimony and Exhibit 3)

Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. See 130 CMR 450.204; 130 CMR 420.410. In addition to complying with the Prior Authorization requirements at 130 CMR 420.410 et seq.,¹ covered services for certain dental treatments, including restorative services such as those related to root canals and post-root canal therapy, are subject to any relevant limitations of 130 CMR 420.421 through 420.456. See 130 CMR 420.421 (A) through (C).

Before approaching the analysis of the above mentioned regulations and the medical appropriateness of a coverage request per 130 CMR 450.204, one must first assess the MassHealth coverage type and see what if any limits may apply to the benefits of the member. There are multiple types of MassHealth benefits available to those like Appellant who are under the age of 65 and who live in the community. 130 CMR 505.001(A) has the most appropriate summary of the coverage types:

505.001: Introduction

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. ...

(A) The MassHealth coverage types are the following:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);*
 - (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;*
 - (3) CarePlus for adults 21 through 64 years of age who are not eligible for MassHealth Standard;*
 - (4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;*
 - (5) Small Business Employee Premium Assistance for adults or young adults ...*
 - (6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: Immigrants; and***
 - (7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.*
- (Bolded emphasis added.)**

¹ 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual (“Dental ORM” or “Dental Office Reference Manual”) publication as a source of additional explanatory guidance beyond the regulations. It is noted that references in the regulations to the “Dental Manual” include the pertinent state regulations, the administrative and billing instructions (including the HLD form), and service codes found in related subchapters and appendices. See <https://www.mass.gov/lists/dental-manual-for-masshealth-providers> (last viewed on June 21, 2022).

In this matter, there is no dispute that Appellant is a beneficiary who is only receiving MassHealth Limited benefits. While other MassHealth members with other MassHealth benefits (such as Standard, CommonHealth, CarePlus, and Family Assistance) may get a greater range of “dental services”, those individuals like Appellant with MassHealth Limited get, as suggested by the name, a much more limited and narrow scope of insurance services and benefits. See 130 CMR 450.105(F) and compare with 130 CMR 450.105(A)(B)(E) and (G) (stating in the latter that the member gets “dental services” for those other MassHealth benefit types).

130 CMR 450.105(F) instead says in relevant part the following

450.105: Coverage Types

A member is eligible for services and benefits according to the member’s coverage type. Each coverage type is described below. Payment for the covered services listed in 130 CMR 450.105 is subject to all conditions and restrictions of MassHealth, including all applicable prerequisites for payment. See individual program regulations for information on covered services and specific service limitations, including age restrictions applicable to certain services.

...

(F) MassHealth Limited.

(1) Covered Services. For MassHealth Limited members (see 130 CMR 505.006: MassHealth Limited and 130 CMR 519.009: MassHealth Limited), the MassHealth agency pays only for the treatment of a medical condition (including labor and delivery) that manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention reasonably could be expected to result in:

- (a) placing the member’s health in serious jeopardy;*
- (b) serious impairment to bodily functions; or*
- (c) serious dysfunction of any bodily organ or part.*

In determining what dental services are enough of an emergency to be covered for MassHealth Limited beneficiaries, one can look to the aforementioned Dental ORM² for more guidance. The ORM states that the MassHealth Limited benefit allows a provider to provide services and bill for only five services, under the following six Service Codes:

Limited Oral Evaluation (D0140)
Periapical Films (D0220, D0230)
Panoramic Films (D0330)
Surgical Removal of Erupted Tooth (D7210); and
Palliative Treatment of Dental Pain or Infection. (D9110)

See the ORM (effective June 1, 2022) at pages 54.

This limited scope of benefits for MassHealth Limited beneficiaries laid out above is consistent

² The Dental ORM is found at <http://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf> (last viewed on June 28, 2022).

with the testimony provided by the DentaQuest representative about the emergency and narrow scope of benefits, and there is regulatory and documentary support for this outcome. In short, due to her citizenship/immigration status, Appellant simply does not have the benefit coverage type that can allow MassHealth to consider this request for fixing tooth # 30.³ The Appellant's request is DENIED.

Order for MassHealth/DentaQuest

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.

Christopher Taffe
Hearing Officer
Board of Hearings

cc: DentaQuest

³ It is unfortunate that Appellant and/or her family may have been told by some that this treatment of the tooth could be done by her MassHealth benefit. But whoever gave Appellant this incorrect information about what dental treatments could be covered by Appellant's Medicaid benefit likely didn't realize the type or scope of Appellant's MassHealth Limited benefits.