Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2205168
Decision Date:	10/5/2022	**Hearing Date:**	08/16/2022
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Dr. Robert Nersasian *via* telephone

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 – Prior Authorization (PA)
Decision Date:	10/5/2022	**Hearing Date:**	08/16/2022
MassHealth's Rep.:	Dr. Robert Nersasian	**Appellant's Rep.:**	*Pro se*
Hearing Location:	Quincy Harbor South		

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 June 22, 2022, MassHealth denied the appellant's PA request for surgical placement of endosteal implant bodies for teeth 6, 8, 9, and 11 (D6010); bone replacement grafts for ridge preservation for teeth 3, 8, and 13 (D7953); complete maxillary overdenture (D5863); and cone beam – three dimensional image (D0363) because MassHealth determined that these services were not covered. (See 130 CMR 420.429; Exhibit (Ex.) 1; Ex. 5, pp. 3-4). The appellant filed this appeal in a timely manner on July 12, 2022. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's PA request for services under procedure codes D6010, D7953, D5863, and D0363.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.428 and 420.429, in determining that the requested services were not covered.

Summary of Evidence

The appellant is an individual over the age of 21. (Ex. 1, p. 2; Ex. 3; Ex. 5, pp. 3, 5, 8; Ex. 6, pp. 5-9). On June 22, 2022, the appellant, through his dental provider, submitted a PA requested for procedures

under Current Dental Terminology (CDT)[1] codes D6010, D0363, D5863, and D7953. (Ex. 5, pp. 3-4). On the same date, MassHealth denied all the requested procedures stating that they were not covered. (Id.). The MassHealth representative stated that the reason for the MassHealth determination was that procedures that the appellant was seeking are not covered by MassHealth under its dental benefit.

The appellant stated that he cracked his sternum in an accident many years ago. This badly damaged his esophagus, such that sometimes when he eats the food gets stuck and he cannot swallow. The appellant stated that he is 6'2" and currently weight 140 lbs. The appellant stated that his body weight fluctuates. When he is able to swallow, the appellant does gain weight but then he loses weight. The appellant does have dentures but due to the weight fluctuations they do not fit no matter how much adhesive he uses. The appellant's doctor informed him that he is borderline malnourished. The appellant stated that his doctor has tried treating his esophageal problems by using a balloon to open the esophagus. The longest time that this worked was three or four day. The appellant stated he is already disabled and does not know what else to do with his teeth.

The MassHealth representative stated the appellant did not have much bone between his upper jaw and his sinuses. The appellant was not an ideal bone implant candidate and the MassHealth representative therefore thought that the procedures were doomed to failure. The MassHealth representative stated that there was a risk that any of the procedures suggested could put a permanent hole into the appellant's sinuses. The MassHealth representative stated that if the appellant's weight was that variable, he was willing to authorize that the appellant's dentures be relined on an annual basis if the appellant was able to have his dentist document the frequent changes in weight. The MassHealth representative stated that on the other hand the implants will not do well and will rip right out.

The appellant stated that he was confused as to why his dentist would have recommended a procedure for which he was not a good candidate and which MassHealth does not cover. The MassHealth representative stated that he did not know why the dentist would have done this.

Findings of Fact

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

1. The appellant is an individual over the age of 21. (Ex. 1, p. 2; Ex. 3; Ex. 5, pp. 3, 5, 8; Ex. 6, pp. 5-9).

2. On June 22, 2022, the appellant, through his dental provider, submitted a PA requested for procedures under codes D6010, D0363, D5863, and D7953. (Ex. 5, pp. 3-4).

3. On the same date, MassHealth denied all the requested procedures stating that they were not covered. (Ex. 5, pp. 3-4; Testimony of the MassHealth representative).

[1] The CDT codes are dental procedure codes (with descriptions) that are listed in the American Dental Association's (ADA) Code on Dental Procedures and Nomenclature (CDT Code). They are used for recording dental services on the patient record as well as for reporting dental services and procedures to dental benefit plans, including MassHealth. The CDT Code is printed in a manual titled Current Dental Terminology (CDT). (See ada.org/publications/cdt/glossary-of-dental-clinical-terms#cc).

Analysis and Conclusions of Law

MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. (130 CMR 420.410(A)(1)). In some instances, prior authorization is required for members 21 years of age or older when it is not required for members younger than 21 years old. (Id.). Services requiring prior authorization are identified in Subchapter 6 of the *Dental Manual*, and may also be identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances. (130 CMR 420.410(A)(2)). MassHealth only reviews requests for prior authorization where prior authorization is required or permitted. (See 130 CMR 420.410(B)). (Id.).

130 CMR 420.410(B) states that MassHealth requires prior authorization for:

> (1) those services listed in Subchapter 6 of the *Dental Manual* with the abbreviation "PA" or otherwise identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances;
> (2) any service not listed in Subchapter 6 for an EPSDT-eligible[2] member; and
> (3) any exception to a limitation on a service otherwise covered for that member as described in 130 CMR 420.421 through 420.456. (For example, MassHealth limits prophylaxis to two per member per calendar year, but pays for additional prophylaxis for a member within a calendar year if medically necessary.)

130 CMR 420.410(C) describes the submission requirements the dental provider must follow and states the following in pertinent part:

> (1) The provider is responsible for including with the request for prior authorization appropriate and sufficient documentation to justify the medical necessity for the service. Refer to Subchapter 6 of the *Dental Manual* for prior-authorization requirements.
> (2) Instructions for submitting a request for prior authorization for Current Dental Terminology (CDT) codes are described in the MassHealth Dental Program Office Reference Manual. Dental providers requesting prior authorization for services listed with a CDT code must use the current American Dental Association (ADA) claim form…

The dental provider requested services under codes D6010, D0363, D5863, and D7953. None of these codes are listed in Subchapter 6 of the *Dental Manual* or in the MassHealth Dental Program Office Reference Manual (ORM). (See Dental Manual, Subchapter 6 §§ 604, 610, 611; ORM, Appendix D, Ex. C). MassHealth does not pay for procedures that are not listed in Subchapter 6 of the *Dental Manual* or in the ORM.[3]

For the above stated reason, the appeal is DENIED.

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[2] EPSDT means Early and Periodic Screening, Diagnostic and Treatment Services. (130 CMR 420.402). In Massachusetts, EPSDT-eligible members are in MassHealth Standard or MassHealth CommonHealth categories of assistance and are younger than 21 years old. (130 CMR 420.402).

[3] As indicated above, there are exceptions for EPSDT eligible members. The appellant is not an EPSDT eligible member (he is over the age of 21).

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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