

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2205488

Decision Date: 9/28/2022

Hearing Date: 08/26/2022

Hearing Officer: Radha Tilva

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway, DentaQuest Rep.



*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:	9/28/2022	Hearing Date:	08/26/2022
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor	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 July 13, 2022, MassHealth denied the appellant's prior authorization request for bone replacement graft for tooth # 18, guided tissue regeneration for teeth # 18 and 31, biological materials to aid in soft and osseous tissue regeneration for teeth # 4 and 5, surgical removal of erupted tooth requiring removal of bone for teeth # 4 and 5, bone replacement graft for ridge preservation (Exhibit 1). The appellant filed this appeal in a timely manner on July 22, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Challenging a prior authorization request is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant's prior authorization request submitted July 14, 2022 for various requested dental services.

Issue

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

Summary of Evidence

The MassHealth representative stated that a prior authorization was submitted by appellant's provider on July 14, 2022 which was denied on that day. The request was for D4263 (bone replacement graft for tooth #18), D4266 (guided tissue regeneration for teeth # 31 and 18), D4265 (biological materials to aid in tissue regeneration teeth #4 and 5), and D7953 (bone replacement graft for ridge preservation). The services were all denied due to them not being covered procedures under MassHealth regulations. The consultant stated that he assumed that appellant would require future implants and testified that those will not be covered unless they are removable partial dentures. The consultant could not testify to any alternative treatments to help remedy bone loss other than periodontal scaling and planing (deep cleaning). The consultant stated that appellant, however, already has some teeth that would not benefit from deep cleaning because some of the teeth are already so far gone. The representative concluded that under 130 CMR 420.421(B) medical necessity determinations are made only for members under the age of 21.

The appellant appeared by telephone and represented himself. The appellant stated that he has periodontal disease and lots of bone loss. The appellant further stated that he needs to stop the bone loss and the provider wants to replace some of the bone that is already lost. The appellant stated that he did scaling three weeks prior to the hearing, but surgery is needed to replace the bone loss as the bacteria is deep in his gums. The appellant further stated that dentures would not solve his periodontal condition.

Findings of Fact

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

1. A prior authorization was submitted by appellant's provider on July 14, 2022 which was denied that day.
2. The request was for D4263 (bone replacement graft for tooth #18), D4266 (guided tissue regeneration for teeth # 31 and 18), D4265 (biological materials to aid in tissue regeneration teeth #4 and 5), and D7953 (bone replacement graft for ridge preservation).
3. The appellant has bone loss which requires surgical intervention.
4. The appellant has tried periodontal scaling and planing and has bacteria deep in his gums.

Analysis and Conclusions of Law

The regulation outlined below determines which services are covered and noncovered under MassHealth's dental program.

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 younger than 21 years old.

(B) Noncovered Services. The MassHealth agency does not pay for the following services for any member, *except when MassHealth determines the service to be medically necessary and the member is younger than 21 years old*. Prior authorization must be submitted for any medically necessary noncovered services for members younger than 21 years old.

- (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) counseling or member education services;
- (4) habit-breaking appliances;
- (5) implants of any type or description;
- (6) laminate veneers;
- (7) oral hygiene devices and appliances, dentifrices, and mouth rinses;
- (8) orthotic splints, including mandibular orthopedic repositioning appliances;
- (9) panoramic films for crowns, endodontics, periodontics, and interproximal caries;
- (10) root canals filled by silver point technique, or paste only;
- (11) tooth splinting for periodontal purposes; and
- (12) any other service not listed in Subchapter 6 of the Dental Manual.**

(Emphasis added). The service codes requested by appellant's provider include D4263, D4225, D4265, and D7953. MassHealth is correct, none of these service codes are listed anywhere in Subchapter 6 of the Dental Manual.¹ Thus, under 130 CMR 420.421(B)(12) the services are not covered by MassHealth. Based on the above regulations this 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

¹ [sub6-den.pdf \(mass.gov\)](#) (Last visited September 27, 2022).

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Radha Tilva
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA