

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2207024
Decision Date:	12/13/2022	Hearing Date:	10/18/2022
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



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:	12/13/2022	Hearing Date:	10/18/2022
MassHealth's Rep.:	Dr. Robert Nersasian	Appellant's Rep.:	
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 September 13, 2022, MassHealth denied the appellant's PA request for dental implant placements (D6010) for tooth 7 and tooth 10 because implants are covered to replace only one missing tooth in the arch, and the clinical documentation submitted on his behalf did not demonstrate that he needed the services/treatment requested. (See 130 CMR 450.204(A); Exhibit (Ex.) 1; Ex. 2, p. 3; Ex. 5, p. 3). The appellant filed this appeal in a timely manner on September 20, 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 dental services

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.000 and 450.204, in determining that the services should be denied

Summary of Evidence

The appellant is an individual who is under the age of 21 and is receiving MassHealth Standard. (Ex. 3; Ex. 5, p. 3). On September 9, 2022, the appellant's dental provider submitted a PA request for the surgical placement of an endosteal implant for teeth 7 and 10 under Current Dental Terminology (CDT) code D6010. (Ex. 1; Ex. 2, p. 3; Ex. 5, p. 3). In a letter sent to the appellant's dental provider,

and dated September 13, 2022, MassHealth denied the PA request because “implants are covered to replace only one missing tooth in the arch” and “[d]ocumentation did not meet DentaQuest clinical criteria for surgical placement of implant body endosteal implant.”¹ (Ex. 5, p. 3). On the same date, the appellant received a notice stating ““the clinical documentation submitted on your behalf does not demonstrate that you need the services/treatment requested.” (Ex. 2, p. 3).

At the hearing, the MassHealth representative, a licensed dental surgeon, stated that the PA was denied simply because these were not procedures that were covered by MassHealth. The appellant has baby teeth at 7 and 10. The appellant's representative (his mother) stated that the appellant was born without several teeth. The appellant's dentist has shifted the appellant's teeth to fill in some of the gaps. The appellant's representative stated that the appellant's dentist has stated that the appellant's upper arch could deteriorate without the implants. The appellant also suffers from anxiety because the deterioration of the maxillary arch could result in facial deformity. The MassHealth representative confirmed that the appellant is missing four teeth congenitally. He was sympathetic about the appellant's situation but asserted that the procedure did not fall within the framework of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) because it was preventive.

Findings of Fact

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

1. The appellant is an individual who is under the age of 21 and is receiving MassHealth Standard. (Ex. 3; Ex. 5, p. 3).
2. On September 9, 2022, the appellant's dental provider submitted a PA request for the surgical placement of an endosteal implant for teeth 7 and 10 under CDT code D6010. (Ex. 1; Ex. 2, p. 3; Ex. 5, p. 3).
3. In a letter sent to the appellant's dental provider, and dated September 13, 2022, MassHealth denied the PA request because “implants are covered to replace only one missing tooth in the arch” and “[d]ocumentation did not meet DentaQuest clinical criteria for surgical placement of implant body endosteal implant.”² (Ex. 5, p. 3).
4. On the same date, the appellant received a notice stating ““the clinical documentation submitted on your behalf does not demonstrate that you need the services/treatment requested.” (Ex. 2, p. 3).
5. There are alternative treatments available. (Testimony of the MassHealth representative).

¹ The version of the notice that the appellant submitted with the fair hearing request states that “the clinical documentation submitted on your behalf does not demonstrate that you need the services/treatment requested.” (See Ex. 2, p. 3).

² The version of the notice that the appellant submitted with the fair hearing request states that “the clinical documentation submitted on your behalf does not demonstrate that you need the services/treatment requested.” (See Ex. 2, p. 3).

Analysis and Conclusions of Law

MassHealth pays for fixed prosthodontics when medically necessary and in accordance with the service description at 130 CMR 420.429. (130 CMR 420.421(A)(1)). This regulation states that MassHealth pays for fixed partial dentures/bridge for anterior teeth only for members younger than 21 years old with two or more missing permanent teeth. (130 CMR 420.429(A)). The member must not have active periodontal disease and the prognosis for the life of the bridge and remaining dentition must be excellent. (Id.).

Leaving aside the question of medical necessity, the appellant has not demonstrated that the requested procedure is in accordance with the service description. There was not evidence submitted indicating whether or not the appellant had active periodontal disease. Likewise, there was no evidence that the prognosis for the life of the bridge and remaining dentition would be excellent. Without this information, there is insufficient evidence to permit approval at this time.

For the above stated 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

DentaQuest 1, MA