

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2207336
Decision Date:	11/14/2022	Hearing Date:	November 04, 2022
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se

MassHealth Representative:

Sheldon Sullaway, DDM



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 420.427
Decision Date:	11/14/2022	Hearing Date:	November 04, 2022
MassHealth Rep.:	S. Sullaway, DDM	Appellant 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

The Appellant received a notice dated August 03, 2022, stating: Your request for prior authorization for dental services has been denied. (130 CMR 420.427(F) (Exhibit 1).

The Appellant filed this appeal timely on October 03, 2022. (130 CMR 610.015(B); Exhibit 2).

Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's request for prior authorization for crown lengthening.

Issue

Is the Appellant eligible for the requested procedure?

Summary of Evidence

The MassHealth representative, a licensed dentist, stated the Appellant's dental provider submitted a prior authorization request for crown lengthening on August 03, 2022. This request was denied as the requested procedure is not a MassHealth covered service. MassHealth submitted into evidence DentaQuest submission including X-rays. (Exhibit 4).

The Appellant testified she broke a tooth and her dentist suggested she have this procedure as she was too young to have an implant. The Appellant stated that her dentist explained to her that he has requested payment for this service and that it is not covered by MassHealth; however she appealed the decision because it is clinically necessary and not cosmetic.

MassHealth responded that the Appellant should return to her dentist to determine if there are other procedures that may satisfy her needs that are covered by MassHealth.

Findings of Fact

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

1. The Appellant is more than 21 years of age. (Testimony).
2. On August 03, 2022, the Appellant requested prior authorization for crown lengthening for tooth #4. (Exhibit 4).
3. On August 03, 2022, MassHealth denied the Appellant's request as crown lengthening is not a MassHealth covered service. (Exhibit 4, testimony).

Analysis and Conclusions of Law

130 CMR 420.421(F) governs the authorization of covered and noncovered services. This regulation states that MassHealth will not authorize the payment for services not listed in Subchapter 6 of the Dental Manual 130 CMR 420.421(B)(13).¹

¹ 130 CMR 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 under age 21. (B) Noncovered Services. The MassHealth agency does not pay for the following services for any member, except when medically necessary for members under age 21 with prior authorization. (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

The Appellant's request for crown lengthening is not listed as a covered service in Subchapter 6 of the Dental Manual, therefore this appeal must be 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth representative DentaQuest

in acrylic before the initial impressions); (3) chair-side relines; (4) counseling or member-education services; (5) habit-breaking appliances; (6) implants of any type or description; (7) laminate veneers; (8) oral hygiene devices and appliances, dentifrices, and mouth rinses; (9) orthotic splints, including mandibular orthopedic repositioning appliances; (10) panoramic films for crowns, endodontics, periodontics, and interproximal caries; (11) root canals filled by silver point technique, or paste only; (12) tooth splinting for periodontal purposes; and **(13) any other service not listed in Subchapter 6 of the Dental Manual.** (*Emphasis added*).