

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2207459
Decision Date:	12/1/2022	Hearing Date:	11/18/2022
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:

Pro se



Appearance for MassHealth:

Via telephone:

Dr. Cynthia Yered



*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 – adult dental services
Decision Date:	12/1/2022	Hearing Date:	11/18/2022
MassHealth’s Rep.:	Dr. Cynthia Yered	Appellant’s Rep.:	Pro se Sister
Hearing Location:	Quincy Harbor South Remote	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 September 8, 2022, MassHealth denied the appellant's prior authorization request for dental service codes D5130 and D5140 (immediate upper and lower dentures) (Exhibit 1). The appellant filed this appeal in a timely manner on October 5, 2022 (Exhibit 2). Denial of a prior authorization request is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant’s prior authorization request for dental service codes D5130 and D5140.

Issue

The appeal issue is whether MassHealth was correct in denying the appellant’s prior authorization request.

Summary of Evidence

A MassHealth representative from DentaQuest, the third-party contractor that administers and manages the dental program available to MassHealth members, appeared via telephone and testified as follows: on September 8, 2022, MassHealth received a prior authorization request for dental service codes D5130 and D5140 (immediate upper and lower dentures) on behalf of the appellant, who is over the age of 21. On September 8, 2022, MassHealth denied the request because the procedure is not covered by MassHealth.

The appellant and her sister appeared via telephone and testified as follows: she spoke to someone at MassHealth who told her if the service was medically necessary, MassHealth would cover it. She has lost almost one hundred pounds and now weighs only ninety-four pounds. She stated that without dentures, she will end up in the hospital on a feeding tube. She provided a letter from her doctor which explained that the appellant needs an esophagogastroduodenoscopy (EGD) and possible dilation of her GJ stricture due to a known ulcer. The doctor is unable to perform the EGD due to the appellant's loose teeth. Her doctor noted that the appellant's BMI is 17.7 and she will require temporary dentures while waiting for her permanent ones to keep up with oral intake of nutrition. The appellant emphasized that she is very ill. She has cancer in her throat that needs to be removed and requires radiation.

The MassHealth representative explained that MassHealth will cover the tooth extractions and the permanent/regular dentures, but it cannot approve the immediate dentures because it is not a covered service. The appellant would be able to have the procedure her doctor is recommending once her teeth are removed, which MassHealth will cover.

Findings of Fact

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

1. On September 8, 2022, MassHealth received a prior authorization request for dental service codes D5130 and D5140 (immediate upper and lower dentures) (Testimony and Exhibit 5).
2. On September 8, 2022, MassHealth denied the request because the requested services are not covered services by MassHealth (Testimony and Exhibits 1 and 5).
3. On October 5, 2022, the appellant timely appealed the denial (Exhibit 2).
4. The appellant is over the age of 21 (Exhibit 4).

Analysis and Conclusions of Law

MassHealth pays for dental services when they are medically necessary **and** covered by MassHealth's dental program. The regulations at 130 CMR 420.421 specify those services that are covered and not covered by MassHealth and refers to the service codes listed in Subchapter 6 of the Dental Manual. MassHealth's coverage of specific services varies depending on whether a member is under the age of 21. Pursuant to 130 CMR 420.421(B), MassHealth does not pay for any service not listed in Subchapter 6 of the Dental Manual, except when MassHealth determines the service to be medically necessary **and** the member is younger than 21 years old. Here, the appellant is over the age of 21.

Pursuant to 130 CMR 420.410(A)(1), MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. 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). Prior authorization determines only the medical necessity of the authorized service and **does not establish or waive any other prerequisites for payment such as... whether the service is a covered service.** 130 CMR 420.410(D)(1) (emphasis added).

According to 130 CMR 420.421 and the Dental Manual, the dental service codes D5130 and D5140 are not covered services for clients aged 21 and over. For these reasons, MassHealth's decision was correct and 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA