

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2207742

Decision Date: 1/4/2023

Hearing Date: 12/13/2022

Hearing Officer: Patricia Mullen

Appearance for Appellant:



Appearance for MassHealth:

Dr. Nersasian, DentaQuest

Interpreter: Maria



*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 services
Decision Date:	1/4/2023	Hearing Date:	12/13/2022
MassHealth's Rep.:	Dr. Nersasian, DentaQuest	Appellant's Rep.:	Pro se; mother
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 August 30, 2022, MassHealth denied the appellant's request for prior authorization for an implant for tooth number 9 because MassHealth determined that medical necessity has not been demonstrated to allow EPSDT (Early and Periodic Screening, Diagnosis and Treatment) benefits. (see 130 CMR 420.408; 420.421(B); 450.144 and Exhibit 1). The appellant's mother filed this appeal in a timely manner on October 12, 2022¹. (see 130 CMR 610.015(B) and Exhibit 2). Through a notice dated October 20, 2022, the Board of Hearings (BOH) requested the appellant sign the appeal and submit written authorization for his mother to represent him at the hearing. (Exhibit 3). On November 8, 2022, the appellant submitted a signed appeal form. (Exhibit 4). Denial of prior authorization is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

¹ In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends;
 - All appeal hearings will be telephonic; and
 - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

MassHealth denied the appellant's request for prior authorization for a dental implant to replace tooth number 9.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.144, in determining that the appellant did not meet medical necessity criteria for a dental implant to replace tooth number 9.

Summary of Evidence

The appellant is ■ years old and appeared at the hearing telephonically with his mother who testified through an interpreter. (Exhibit 7). The appellant is open on MassHealth Standard. (Exhibit 7). MassHealth was represented telephonically by an oral surgeon consultant with DentaQuest, the agent of MassHealth that makes the prior authorization determinations for dental services. The appellant's provider dentist submitted a request for prior authorization on August 26, 2022 seeking coverage for Dental Code D6010, a surgical placement of implant body, endosteal implant. (Exhibit 10, p. 3). The MassHealth representative explained that the appellant's dentist requested prior authorization for an implant to replace the appellant's tooth number 9. The MassHealth representative testified that dental implants are not a covered service under MassHealth unless the member is under age 21, on Standard or CommonHealth, and meets medical necessity criteria for an EPSDT benefit. The MassHealth representative noted that medical necessity for the implant was not established by the documentation submitted. (Exhibits 5, 6).

The MassHealth representative stated that replacing a lost front tooth is not a medical necessity. The submitted x-rays show that the appellant has his remaining teeth with which to chew. (Exhibit 10, p. 6). The MassHealth representative stated that MassHealth would cover a partial upper denture to replace the appellant's lost tooth number 9, an upper anterior tooth. The MassHealth representative advised the appellant to go back to his dentist and request a partial upper denture.

The appellant submitted a letter from his physician assistant (PA) dated November 7, 2022. (Exhibit 5). The appellant's physician assistant noted that the appellant is under her care for psychiatric medication management; she noted that the appellant had two psychiatric hospitalizations during the previous year and during one admission, he broke his tooth. (Exhibit 5). The appellant's PA wrote that the appellant's missing tooth is affecting his mood negatively and is causing him to feel self conscious resulting in difficulty interacting with others, finding employment, and pursuing a higher level of education. (Exhibit 5). The PA recommended that insurance cover the repair of the appellant's tooth so that he may be able to better acclimate to his everyday life after his 2 hospitalizations. (Exhibit 5). The appellant submitted documentation from his psychiatric hospital admission. (Exhibit 6). The documentation notes that he ran into a door in the hospital's emergency room and broke his front tooth. (Exhibit 6, p. 5).

The appellant's mother stated that the appellant needs his front tooth because he will not laugh

without it. The appellant's mother noted that the appellant needs a tooth that does not come out. The appellant testified that he had a partial denture for his missing front tooth, but lost it and will probably lose a second one too.

Findings of Fact

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

1. The appellant is under 21 years old and open on MassHealth Standard.
2. The appellant's provider dentist submitted a request for prior authorization on August 26, 2022 seeking coverage for Dental Code D6010, a surgical placement of implant body, endosteal implant, for tooth number 9.
3. Tooth number 9 is an upper anterior tooth.
4. The appellant has remaining teeth with which to chew.
5. MassHealth covers partial dentures for missing upper anterior teeth.
6. The appellant broke his tooth after running into a door during a psychiatric admission to the hospital.

Analysis and Conclusions of Law

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

The MassHealth agency pays for all medically necessary dental services for EPSDT-eligible members in accordance with 130 CMR 450.140: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services: Introduction, without regard to service limitations described in 130 CMR 420.000, and with prior authorization.

(130 CMR 420.408).

Services Requiring Prior Authorization. The MassHealth agency requires prior authorization for the following:

- (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 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(B)).

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 MassHealth determines the service to be medically necessary and the member is under age 21. Prior authorization must be submitted for any medically necessary noncovered services for members under age 21.

- (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.

(130 CMR 420.421(A), (B)).

Removable Partial Dentures. The MassHealth agency pays for removable partial dentures if there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition does not have active periodontitis, and there is a favorable prognosis for treatment outcome. A tooth is considered missing if it is a natural tooth or a prosthetic tooth missing from a fixed prosthesis. Payment for a partial denture includes payment for all necessary procedures for fabrication including clasps and rest seats. (130 CMR 420.428(E)).

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services: Introduction

(A) Legal Basis.

(1) In accordance with federal law at 42 U.S.C. 1396d(a)(4)(b) and 1396d(r), and 42 CFR 441.50, and notwithstanding any limitations implied or expressed elsewhere in MassHealth regulations or other publications, the MassHealth agency has established a program of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for MassHealth Standard and MassHealth CommonHealth members younger than 21 years old, including those who are parents.

(2) Any qualified MassHealth provider may deliver EPSDT services. However, in delivering well-child care, providers must follow the EPSDT Medical Protocol and Periodicity Schedule.

(3) EPSDT screening services include among other things, health, vision, dental, hearing, behavioral health, developmental and immunization status screening services.

(4) The regulations governing the EPSDT program are set forth in 130 CMR 450.140 through 450.149.

(130 CMR 450.140(A)).

EPSDT Services: Diagnosis and Treatment

(A) (1) EPSDT diagnosis and treatment services consist of all medically necessary services listed in 1905(a) of the Social Security Act (42 U.S.C. 1396d(a) and (r)) that are

(a) needed to correct or ameliorate physical or mental illnesses and conditions discovered by a screening, whether or not such services are covered under the State Plan; and

(b) payable for MassHealth Standard and MassHealth CommonHealth members younger than 21 years of age, if the service is determined by the MassHealth agency to be medically necessary.

(2) To receive payment for any service described in 130 CMR 450.144(A)(1) that is not specifically included as a covered service under any MassHealth regulation, service code list, or contract, the requester must submit a request for prior authorization in accordance with 130 CMR 450.303. This request must include, without limitation, a letter and supporting documentation from a MassHealth-enrolled physician, physician assistant, certified nurse practitioner, certified nurse midwife, or certified clinical nurse specialist documenting the medical need for the requested service. If the MassHealth agency approves such a request for service for which there is no established payment rate, the MassHealth agency will establish the appropriate payment rate for such service on an individual-consideration basis in accordance with 130 CMR 450.271. If the request is for a member who is enrolled in an MCO or Accountable Care Partnership Plan, as defined in 130 CMR 450.000, the requestor must submit the request to the MCO or Accountable Care Partnership Plan according to the MCO's or Accountable Care Partnership Plan's prior authorization process. If the request is for a behavioral health service for a member who is enrolled with MassHealth's behavioral health contractor, as defined in 130 CMR 508.000, the requestor must submit the request to the behavioral health contractor according to the behavioral health contractor's prior authorization process.

(130 CMR 450.144(A)).

Implants are not a covered service under MassHealth regulations, however the appellant is under age 21 and on MassHealth Standard and thus an implant would be a covered service under the EPSDT program, if medically necessary. (130 CMR 420.421(A), (B); 450.140; 450.144(A)). The appellant lost his upper front tooth, number 9, and his PA argued that an implant is medically necessary because the missing tooth is negatively affecting the appellant's mood and is causing him to feel self conscious resulting in difficulty interacting with others, finding employment, and pursuing a higher level of education. MassHealth covers partial dentures for missing upper anterior teeth and the partial denture would replace the appellant's missing tooth. (130 CMR 420.428(E)). The appellant's missing front tooth is affecting his mood, however a partial denture would replace this tooth allowing the appellant to smile, interact, etc. as if the original tooth had never been lost. The fact that the appellant does not want to wear a removable denture to replace his upper front tooth does not make a dental implant medically necessary. The appellant has all his remaining teeth to properly chew his food for nutrition. MassHealth's action in denying the request for prior authorization for an implant for the appellant's tooth number 9 is upheld and the appeal is denied.

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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc:MassHealth Representative: DentaQuest