

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2300259
<b>Decision Date:</b>	3/28/2023	<b>Hearing Date:</b>	03/17/2023
<b>Hearing Officer:</b>	Christine Therrien		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Dr. Sheldon Sullaway



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Dental
<b>Decision Date:</b>	3/28/2023	<b>Hearing Date:</b>	03/17/2023
<b>MassHealth's Rep.:</b>	Dr. Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy - telephonic		

## 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 10/27/22, MassHealth denied the appellant's prior authorization for MassHealth benefits because MassHealth determined that the services are not covered. (130 CMR 420.421(B) and Exhibit 1). The appellant filed this appeal in a timely manner on 1/9/23. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the Appellant's request for prior authorization for dental services.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.421(B), in determining that the requested dental services are not covered.

## Summary of Evidence

The MassHealth representative, a licensed dentist, testified that the appellant's dental provider submitted a prior authorization request on 10/27/22 for an immediate denture – mandibular and maxillary (D5140 and D5130). The MassHealth representative testified that this request was denied on 10/27/22 because these are not MassHealth covered services for an adult. The MassHealth representative stated there is no coverage for the requested service, but there is coverage for regular dentures.

The appellant testified that she knows a regular set of dentures takes 3-6 months and because she only has three teeth left, she needs the immediate dentures so she can eat. The appellant testified that she has diabetes and her blood sugar levels are constantly too high and too low because she cannot eat properly. The appellant testified that she is now homeless and cannot find a new job because she lacks teeth.

## Findings of Fact

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

1. The appellant's dental provider submitted a prior authorization request on 10/27/22 for an immediate denture – mandibular and maxillary (D5140 and D5130).
2. The request was denied on 10/27/22 because these are not MassHealth covered services for an adult.
3. There is no coverage for procedure codes D5140 and D5130.

## Analysis and Conclusions of Law

MassHealth only pays for medically necessary services established through the prior authorization process. 130 CMR 420.410(D)(1) states that “[p]rior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility, the availability of other health-insurance payment, or whether the service is a covered service.” Additionally, 130 CMR 420.410(C)(1) indicates that “[t]he provider is responsible for including with the request for prior authorization appropriate and sufficient documentation to justify the medical necessity for the service.”

130 CMR 420.421 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).<sup>1</sup>

### 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

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<sup>1</sup> <https://www.mass.gov/files/documents/2022/01/14/sub6-den.pdf>

members under age 21.

(emphasis added)

Per Subchapter 6 of the Dental Manual and the “MassHealth Dental Program Office Reference Manual,” the procedure codes D5130 and D5140 are only covered once per lifetime for members under age 21. As the appellant is over aged 21 this is not a covered service.<sup>2</sup> Based on the evidence MassHealth was within regulatory authority in denying the appellant’s PA request for procedure codes D5130 and D5140. 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 Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Christine Therrien  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA

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<sup>2</sup> Procedure code D5212 mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth) is a covered service for members over aged 21.