

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: DENIED

Appeal Number: 2300973

Decision Date: 5/1/2023

Hearing Date: 03/17/2023

Hearing Officer: Kenneth Brodzinski

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Dr. Robert Nersasian



*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 - Dental
Decision Date:	5/1/2023	Hearing Date:	03/17/2023
MassHealth's Rep.:	Dr. Robert Nersasian	Appellant's 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

Through a notice dated January 26, 2023 MassHealth denied Appellants prior authorization requests seeking multiple dental services for multiple teeth (Exhibit A). Appellant filed for this appeal in a timely manner on February 7, 2023 (see 130 CMR 610.015(B) and Exhibit A). Denial of assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied a prior authorization request seeking multiple dental services for multiple teeth.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied Appellant's prior authorization requests seeking multiple dental services for multiple teeth.

Summary of Evidence

Both parties appeared by telephone. MassHealth submitted a packet of documents containing, *inter alia*, a copy of Appellant's prior authorization request (Exhibit B). Appellant filed no documentation other than her Fair Hearing Request (Exhibit A).

MassHealth was represented by practicing dentist duly licensed in the Commonwealth. The MassHealth representative testified that Appellant's dental provider submitted a prior authorization request for multiple dental services all of which were denied because they are not covered services for members over the age of 21 such as Appellant.

All of the following requested services codes were denied for being a non-covered service:

- D6065 – Implant supported porcelain/ceramic crown for teeth numbers 7, 8, 9, 10 18, 19, 31 and 31.
- D6085 – provisional implant crown for teeth number 7, 8, 9, and 10.
- D2799 – provisional crown, further treatment for teeth numbers 6, 11 and 27.

The MassHealth representative testified that MassHealth does not cover any manner of dental implants and that the requested codes are not in MassHealth's list of covered dental codes.

Appellant testified that she used \$10,000.00 of her own money in a foreign country to have multiple teeth replaced with dental implants. The implants are done and it was her intention to return to have the crowns placed, but before she could do so, her treating dentist was killed. Appellant went to Tufts Dental School for help and they submitted the prior authorization request. Appellant explained that she cannot afford to have the teeth crowned and she is worried that the implants will eventually fail without proper crowns.

Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. Appellant used her own money in a foreign country to have multiple teeth replaced with dental implants.
2. The implants are done and Appellant intended to return to have the crowns placed, but before she could do so, her treating dentist was killed.
3. Appellant went to Tufts Dental School for help and they submitted the prior authorization request.

4. Tufts Dental School submitted a prior authorization request for the following services: D6065 – implant supported porcelain/ceramic crown for teeth numbers 7, 8, 9, 10 18, 19, 31 and 31; D6085 – provisional implant crown for teeth number 7, 8, 9, and 10; and D2799 – provisional crown, further treatment for teeth numbers 6, 11 and 27.
5. MassHealth denied all of the requested services because they are not covered services under the MassHealth dental program.

Analysis and Conclusions of Law

"The burden of proof is on the appealing party to show that the order appealed from is invalid, and we have observed that this burden is heavy" (*Massachusetts Inst. of Tech. v. Department of Pub. Utils.*, 425 Mass. 856, 867, 684 N.E.2d 585 (1997)).

Covered MassHealth dental service codes are listed in the "*Dental Manual for MassHealth Providers*, Subchapter 6, Appendix T: CMSP Covered Codes" a review of which contains none of the dental codes identified in Appellant's prior authorization request (130 CMR 420.421(A)(1)). Accordingly, this record supports MassHealth's determination that MassHealth does not cover any of the requested services.

Appellant failed to meet her burden. At hearing, Appellant explained why she was seeking the requested dental services, but she did not provide any legal or factual basis to show that the agency's denial was invalid.

For the foregoing 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA