

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2301640
<b>Decision Date:</b>	5/23/2023	<b>Hearing Date:</b>	03/24/2023
<b>Hearing Officer:</b>	Kimberly Scanlon		

**Appearance for Appellant:**  
*Via telephone,*  
[Redacted], *Pro se*

**Appearance for MassHealth:**  
*Via telephone,*  
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>	Prior Authorization-Dental-Noncovered Services
<b>Decision Date:</b>	5/23/2023	<b>Hearing Date:</b>	03/24/2023
<b>MassHealth's Rep.:</b>	Dr. Sullaway	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Quincy Harbor South 1 (Remote)	<b>Aid Pending:</b>	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 February 10, 2023, MassHealth denied the Appellant's prior authorization (PA) request on the ground that the services requested were not covered by the MassHealth dental program for adults. (See, Exhibit 1). The Appellant filed this appeal in a timely manner on February 28, 2023. (See, 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (See, 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the Appellant's PA request for dental services which included two crowns and a pontic on a fixed bridge.

### Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's request because the requested services (Procedure Codes D6245 and D6740) are not covered by the MassHealth dental program for adults.

## Summary of Evidence

The Appellant is a MassHealth member over the age of 21 who appeared at the hearing telephonically. MassHealth was represented telephonically at the hearing by Dr. Sheldon Sullaway, a consultant for DentaQuest which is the entity that has contracted with the MassHealth agency to administer and run the agency's dental program for MassHealth members. Dr. Sullaway testified that the Appellant's orthodontic provider submitted a prior authorization request on February 10, 2023, for a pontic on a fixed bridge (Procedure Code D6245 for tooth number 26) and two (2) crowns (Procedure Code D6740 for teeth numbers 25 and 27, the abutments). On February 10, 2023 all three services were denied because MassHealth only pays for fixed bridges for members who are under 21 years of age.

The Appellant testified that her current orthodontic provider told her that MassHealth should cover the requested services because she has a metal tooth. She explained that her front tooth was broken by her former dentist which resulted in the need to wear a Q-tip in her mouth for the past two years. The Appellant further testified that her former dentist messed up her teeth and she has since filed a civil complaint. With respect to her current orthodontic provider, the Appellant explained that he told her that he would assist her so he shaved one tooth down for placement of a permanent crown over that tooth. Moreover, her other tooth also needs a crown along with a fixed bridge connecting both crowns to cover her missing tooth in the middle. The Appellant's current dental provider has since made one permanent crown however, she then received the denial notice and subsequently received a bill of approximately \$ 4800 from her current provider. The Appellant cannot afford to pay this bill and therefore cannot continue with the dental work that had begun.

In response, the MassHealth representative suggested that the Appellant contact her current dental provider since he began the requested procedures prior to receiving authorization to see if he would give her some consideration. The Appellant explained that her dental provider stated that the procedures should be covered and although the prior authorization request was submitted right away, it took a while to receive the denial. The Appellant made inquiry as to whether MassHealth would be willing to cover at least some of the work. The MassHealth representative responded that it cannot cover the procedure codes that were submitted because the regulations do not allow for fixed bridges for members over 21 years of age.

## Findings of Fact

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

1. The Appellant is an adult MassHealth member who is over the age of 21. (Testimony; Exhibit

- 3).
2. On or about February 10, 2023, MassHealth received a prior authorization request from the Appellant's dental provider seeking coverage for a pontic on a fixed bridge for tooth number 26 (Procedure Code D6245) and two crowns for teeth numbers 25 and 27 (abutments, Procedure Code D6740). (Testimony; Exhibit 1).
  3. The Appellant is in need of dental services due to previous dental work that was performed by her former dental provider. (Testimony).
  4. The Appellant's current dental provider submitted the prior authorization request and began the dental work prior to receiving authorization. (Testimony; Exhibit 2, p. 2).
  5. MassHealth denied the Appellant's prior authorization request on or about February 10, 2023 because the services requested are not covered under the MassHealth dental program. (Testimony, Exhibit 5).
  6. The Appellant believed the services would be covered prior to receiving the denial notice. (Testimony).

## Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. (See, 130 CMR 450.204; 130 CMR 420.410). In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq.,<sup>1</sup> covered services for certain dental treatments are subject to the relevant limitations of 130 CMR 420.421 through 420.456. With respect to what is deemed "medically necessary," 130 CMR 450.204 reads in relevant part, as follows:

### 450.204: Medical Necessity

....

(A) A service is "medically necessary" if:

- (1) it is reasonable calculated to prevent, diagnose, prevent the worsening of,

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<sup>1</sup> 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual ("Dental ORM" or "Dental Office Reference Manual") as a source of additional explanatory guidance beyond the Regulations. It is noted that references in the Regulations to the "Dental Manual" include the pertinent state Regulations, the administrative and billing instructions, and service codes found in related subchapters and appendices.

alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity, and

(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: *Potential Sources of Health Care*, or 517.007: *Utilization of Potential Benefits*.

.....

(D) Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.

130 CMR 450.204(A); 130 CMR 450.204(D).

As to “coverage guidelines” referred to in 130 CMR 450.204(D), the regulations indicate that the MassHealth program may have coverage exclusions that may be found within other pertinent agency regulations. Specifically, exclusions, or non-covered services and restrictions that the MassHealth agency imposes on its members. A list of excluded dental services can be found at 130 CMR 420.000 *et. seq.* for members under and over the age of 21. (See, 130 CMR 420.421).

420.421: Covered and Non-covered 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 younger than 21 years old.

(B) Non-covered 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 younger than 21 years old. Prior

authorization must be submitted for any medically necessary non-covered services for members younger than 21 years old.

- (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

(C) Covered Services for All Members 21 Years of Age or Older. The MassHealth agency pays for the services listed in 130 CMR 420.422 through 420.456 for all members 21 years of age or older in accordance with the service descriptions and limitations set forth therein:

- (1) diagnostic services as described in 130 CMR 420.422;
- (2) radiographs as described in 130 CMR 420.423;
- (3) preventive services as described in 130 CMR 420.424;
- (4) restorative services as described in 130 CMR 420.425;
- (5) endodontic services as described in 130 CMR 420.426;
- (6) periodontal services as described in 130 CMR 420.427;
- (7) prosthodontic services as described in 130 CMR 420.428;
- (8) oral surgery services as described in 130 CMR 420.430;
- (9) anesthesia services as described in 130 CMR 420.452;
- (10) oral and maxillofacial surgery services as described in 130 CMR 420.453;
- (11) maxillofacial prosthetics as described in 130 CMR 420.455;
- (12) behavior management services as described in 130 CMR 420.456(B);
- (13) palliative treatment of dental pain or infection services as described in 130 CMR 420.456(C); and
- (14) house/facility call as described in 130 CMR 420.456(F).

(D) Non-covered Services for Members 21 Years of Age or Older. The MassHealth

agency does not pay for the following services for members 21 years of age or older:

- (1) preventive services as described in 130 CMR 420.424(C);
- (2) prosthodontic services (fixed) as described in 130 CMR 420.429; and
- (3) other services as described in 130 CMR 420.456(A), (B), (E), and (F).

(130 CMR 420.421).

As stated above, 130 CMR 420.421(A)(1) lists the services with codes in Subchapter 6 of the Dental Manual.<sup>2</sup> Here, the Appellant's request for Procedure Codes D6740 and D6245 are not listed anywhere within this document for members over nor under the age of 21. Thus, the pontic on a fixed bridge or crowns requested may not be potentially recoverable for any MassHealth members. (See, p. 6-13 of Subchapter 6).

Moreover, 130 CMR 420.429 discusses bridge repair but only in the context of covering it for members under the age of 21.

420.429: Service Descriptions and Limitations: Prosthodontic Services (Fixed)

(A) Fixed Partial Dentures/Bridges. The MassHealth agency pays for fixed partial dentures/ bridge for anterior teeth only for members younger than 21 years old with two or more missing permanent teeth. The member must not have active periodontal disease and the prognosis for the life of the bridge and remaining dentition must be excellent.

(B) Fixed Partial Denture/Bridge Repair. The MassHealth agency pays for chairside fixed partial denture/bridge repair. A description of the repair must be documented in the member's dental record.

In the present case, the Appellant's orthodontic provider submitted a prior authorization request for, *inter alia*, a pontic on a fixed bridge. As noted above, MassHealth only pays for fixed bridges for members younger than 21 years old. (See, 130 CMR 420.429(A)). While the Appellant testified sympathetically, this appeal is denied.<sup>3</sup>

## Order for MassHealth

None.

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<sup>2</sup> <https://www.mass.gov/files/documents/2023/05/18/sub6-den.pdf>

<sup>3</sup> This denial does not preclude the Appellant from contacting her current orthodontic provider to ascertain whether alternative arrangements can be made in order to continue with her dental work that already began, as suggested at the hearing.

## 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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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA