

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304619
Decision Date:	7/18/2023	Hearing Date:	07/11/2023
Hearing Officer:	Patricia Mullen		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Robert Nersasian, DentaQuest



*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:	7/18/2023	Hearing Date:	07/11/2023
MassHealth's Rep.:	Dr. Robert Nersasian, DentaQuest	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (remote)		

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 April 10, 2023, MassHealth denied the appellant's request for prior authorization for dental service code D4249, gum surgery to expose more tooth crown on tooth number 15, because MassHealth determined the requested dental service is not covered under the MassHealth dental program. (see 130 CMR 420.421(B) and Exhibit 1). The appellant filed this appeal in a timely manner on June 6, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for dental service code D4249, gum surgery to expose more tooth crown on tooth number 15.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.421(B) in determining that dental service code D4249, gum surgery to expose more tooth crown on tooth number 15, is not a covered service under the MassHealth dental program.

Summary of Evidence

The appellant appeared telephonically and verified his identity. MassHealth was represented telephonically by an oral surgeon consultant with DentaQuest, the agent of MassHealth that makes prior authorization determinations for dental services. The appellant is over age 21. (Exhibit 4, p. 3). On April 10, 2023, the appellant's dental provider submitted a request for prior authorization for dental service code D4249, clinical crown lengthening-hard tissue, specifically crown lengthening on tooth number 15, so that a crown might be placed on this tooth. (Exhibit 4, p. 6). The appellant's dental provider submitted some x-rays of the appellant's teeth, and a perio chart. (Exhibit 4, pp. 7-9). The appellant's dental provider wrote that the crown on the appellant's tooth number 15 is too short for the ceramic crown to be placed and it is crucial that the crown lengthening be done for this tooth to ensure its longevity. (Exhibit 4, p. 6). The appellant's dental provider noted that the requested procedure was necessary to preserve the integrity of the tooth and prevent further dental complications, and, without the crown lengthening, the tooth may not be able to support a crown, leading to potential tooth loss and subsequent costly and invasive dental treatments. (Exhibit 4, p. 6).

MassHealth denied the request for the crown lengthening procedure, noting that it is not a covered service for all MassHealth members age 21 and older. (Exhibit 1).

The MassHealth representative stated that he agrees that tooth number 15 does not have adequate length to support a crown. The MassHealth representative stated further that dental service code D4249 does not appear in the MassHealth Dental Manual and the crown lengthening procedure is not a covered service under MassHealth. The MassHealth representative cited to 130 CMR 420.421(B)(12), noting that the MassHealth agency does not pay for any service not listed in Subchapter 6 of the Dental Manual. The MassHealth representative testified that because dental service code D4249 does not appear in Subchapter 6 of the Dental Manual, the request cannot be approved. (Exhibit 7, pp. 4-6). The MassHealth representative stated that the requested crown for the appellant's tooth number 15 is covered by MassHealth, and he advised the appellant to go back to his provider to see if he could work out a fee and payment plan for the gum surgery.

The appellant stated that the request is not for aesthetic reasons, but rather he needs the surgery for the crown to stay on. The appellant stated that it would be a waste of money to pay for a crown that won't stay on. The appellant stated that he tried a temporary crown three times, but it would not hold because there was not enough tooth structure for it to hold on to. The appellant stated that he has already discussed cost with his medical provider, and the procedure costs \$600.00. The appellant stated that he needs this procedure, or he will lose his tooth.

Findings of Fact

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

1. The appellant is over age 21.
2. On April 10, 2023, the appellant's dental provider submitted a request for prior authorization for dental service code D4249, clinical crown lengthening-hard tissue, specifically crown lengthening on tooth number 15, so that a crown might be placed on this tooth.
3. The appellant's tooth number 15 does not have adequate length to support a crown.
4. Dental service code D4249 does not appear in Subchapter 6 of the MassHealth Dental Manual.
5. The requested crown for the appellant's tooth number 15 is approved.

Analysis and Conclusions of Law

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 younger than 21 years old.

(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 younger than 21 years old. Prior authorization must be submitted for any medically necessary noncovered 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.

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

MassHealth does not pay for services not listed in Subchapter 6 of the Dental Manual. (130 CMR 420.421(B)(12)). Code D4249 is not listed in Subchapter 6 of the Dental Manual. (Exhibit 7). MassHealth's determination that dental service code D4249 is not a covered service is supported by MassHealth regulations. 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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc:MassHealth Representative: DentaQuest