

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307662
Decision Date:	12/19/2023	Hearing Date:	11/10/2023
Hearing Officer:	Emily Sabo		

Appearances for Appellant:



Appearance for MassHealth:

Dr. Sheldon Sullaway, 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:	Prior Authorization for Dental Services: Procedure 2799
Decision Date:	12/19/2023	Hearing Date:	11/10/2023
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Mother/Guardian
Hearing Location:	Quincy Harbor South (Telephone)	Aid Pending:	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 July 27, 2023, MassHealth denied the Appellant's application for MassHealth benefits, specifically, preauthorization for procedure D2799 (temporary crown) for twenty-eight teeth, because MassHealth determined that temporary crowns are not covered (see 130 CMR 420.421(B)(12); 130 CMR 420.429; 130 CMR 420.456(A), (B), (E), & (F); Exhibit 1; Exhibit 5). The Appellant filed this appeal in a timely manner on August 29, 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 preauthorization for procedure D2799 (temporary crown) for twenty-eight teeth.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.421(B)(12), to deny the request for preauthorization for dental services for the Appellant because MassHealth

does not cover procedure D2799, as codified in the MassHealth Regulations and the MassHealth Dental Program Office Reference Manual.

Summary of Evidence

The Appellant was represented at the hearing by his mother, who is also his guardian. She appeared telephonically and verified the Appellant's identity. The Appellant is over the age of 21 and has experienced a traumatic brain injury. MassHealth was represented telephonically by a licensed dentist, who is a consultant with DentaQuest, the agent of MassHealth that makes prior authorization determinations for dental services.

On July 27, 2023, the Appellant's dental provider submitted a request for prior authorization for procedure code D2799 (temporary crown) for twenty-eight teeth (Exhibit 5). The Appellant's dental provider submitted x-rays of the Appellant's teeth.

MassHealth denied the request for procedure code D2799 (temporary crown) for the twenty-eight teeth, noting that they are not covered services for MassHealth members over the age of 21. (Exhibits 1 & 5). The MassHealth representative testified that the procedure code D2799 does not appear in the MassHealth Dental Office Reference Manual and is not covered by MassHealth. The MassHealth representative testified that MassHealth does not pay for any service not listed in Subchapter 6 of the Dental Manual. The MassHealth representative testified that because procedure code D2799 does not appear in Subchapter 6 of the Dental Manual, the request cannot be approved.

The Appellant's representative testified that her son needs desperate help, as he has difficulty swallowing. The Appellant's representative testified that due to his traumatic brain injury, he was on a feeding tube, which caused his teeth to deteriorate. The Appellant's representative testified that the Appellant's dental provider has performed three root canals and found that almost all the Appellant's teeth are destroyed. The Appellant's representative testified that the Appellant is unable to chew and digest food properly, and that he is at risk of choking. The Appellant's representative testified that she would do anything in her power to help the Appellant.

The MassHealth representative testified that while MassHealth will cover medically necessary dental procedures for members under the age of 21, because the Appellant is over the age of 21, the Appellant would not be eligible for such a service. The MassHealth representative also testified that MassHealth does not pay for any dental implants. The MassHealth representative encouraged the Appellant to work with his dental provider to otherwise pay for the service, and/or to find a different covered dental service that MassHealth will pay for.

Findings of Fact

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

1. The Appellant is a MassHealth member over the age of 21. Testimony, Exhibits 4 & 5.
2. On July 27, 2023, the Appellant, through his dental provider, sought preauthorization for procedure D2799. Testimony, Exhibits 1 & 5.
3. On July 27, 2023, MassHealth denied preauthorization for procedure D2799. Testimony, Exhibits 1 & 5.
4. The Appellant timely appealed on August 29, 2023. Exhibit 2.

Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program only pay 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.,¹ covered services for certain dental treatments are subject to the relevant limitations of 130 CMR 420.421 through 420.456. 130 CMR 420.421 provides the relevant introduction to service limitations for members over the age of 21:

(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*

¹ 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program 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.

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) (emphasis added).

MassHealth does not pay for services not listed in Subchapter 6 of the Dental Manual. 130 CMR 420.421(B)(12). Code D2799 is not listed in Subchapter 6 of the Dental Manual.² Appendix D of the MassHealth Dental Office Reference Manual states that the MassHealth Dental Program claim system will only process claims with the codes described in 130 CMR 420.000 et seq and listed in the tables in Appendix D. It further states that all claims with codes not listed in the tables at Appendix D will be rejected.³ Exhibit B in Appendix D contains dental benefits covered for MassHealth members aged 21 and older. Code D2799 does not appear in the table of dental benefits covered for MassHealth members aged 21 and older.⁴

I credit the Appellant representative's testimony and her devotion to the Appellant. However, MassHealth did not err in denying the request for procedure D2799, as it is not listed within Subchapter 6 or Appendix D. Based on the MassHealth regulations and MassHealth Dental Office Reference Manual, MassHealth's determination that procedure D2799 is not a covered service is upheld. The appeal is denied.

Order for MassHealth

² Subchapter 6 can be found online at: <https://www.mass.gov/files/documents/2023/05/18/sub6-den.pdf>.

³ The MassHealth Dental Office Reference Manual can be found online at: <https://masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>.

⁴ I note that the Dental Manual does include code D2999 "unspecified restorative procedure, by report" for members 21 and older, requiring prior authorization. It also includes D6999 "fixed prosthodontic procedure" for members 21 and older, requiring prior authorization and a narrative demonstrating medical necessity.

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.

Emily T. Sabo, Esq.
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA

[REDACTED]