

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2308693
Decision Date:	11/7/2023	Hearing Date:	10/25/2023
Hearing Officer:	David Jacobs		

Appearance for Appellant:
Pro se

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; Dental Implants
Decision Date:	11/7/2023	Hearing Date:	10/25/2023
MassHealth's Rep.:	Dr. Sheldon Sullaway, DentaQuest	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notices dated September 4, 2023, MassHealth denied the appellant's request for prior authorization for a pontic and mouth guard because MassHealth determined the requested dental services are not covered under the MassHealth dental program (130 CMR 420.421(B) and Exhibit 1). The appellant filed this appeal in a timely manner on September 22, 2023 (Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for a prosthodontics fixed pontic and mouth guard.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.421(B) in determining that a pontic and mouth guard are not covered services under the MassHealth dental program.

Summary of Evidence

The appellant appeared in-person. MassHealth was represented in-person by a dentist consultant with DentaQuest, the agent of MassHealth that makes prior authorization determinations for dental services. The appellant is over age 21. On September 1, 2023, the appellant's dentist submitted a request for prior authorization for procedure code D6245 prosthodontics fixed, pontic – porcelain/ceramic tooth and D9944 – mouth guard for teeth grinding Upper Arch (Exhibit 4, pg. 3). MassHealth denied the request for the pontic and mouth guard, noting that they are not covered services.

The MassHealth representative stated that procedure code D6245 and D9944 do not appear in the MassHealth Dental Office Reference Manual, and they are not covered services. The MassHealth representative explained that a pontic is a false tooth that is placed between fixed bridges and a mouth guard is device placed in the mouth while sleeping to prevent grinding of the teeth at night. The MassHealth representative testified that pursuant to 130 CMR 420.421(B), dental implants are not covered under the MassHealth dental program for members over the age of 21.

The appellant responded that she did not ask for her provider to request the pontic and mouth guard as specified in the Notice as she requires much more comprehensive care for her mouth. She emphatically argued that her medical needs are great and MassHealth should be helping people who are in need. She concluded by arguing that MassHealth's system for providing care is unfair.

Findings of Fact

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

1. The appellant is over age 21.
2. On September 1, 2023, the appellant's dentist submitted a request for prior authorization for procedure codes D6245 and D9944 for a pontic and mouth guard.
3. Procedure codes D6245 and D9944 do not appear in the MassHealth Dental Office Reference Manual or subchapter 6 of the MassHealth Dental Manual.
4. On September 4, 2023, MassHealth denied prior authorization of the requested pontic and mouth guard for not being covered services.

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)).

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.

(130 CMR 420.429(A), (B)).

Service Descriptions and Limitations: Other Services

(D) Occlusal Guard. The MassHealth agency pays for occlusal guards only for members younger than 21 years old and only once per calendar year. The MassHealth agency pays for only custom-fitted laboratory-processed occlusal guards designed to minimize the effects of bruxism (grinding) and other occlusal factors. All follow-up care is included in the payment.

(130 CMR 420.456(D))

MassHealth does not pay for services not listed in Subchapter 6 of the Dental Manual. (130 CMR 420.421(B)(12)). Codes D6245 and D9944 are not listed in Subchapter 6 of the Dental Manual.

Appendix D of the MassHealth Dental Office Reference Manual states that the MassHealth Dental Program claim system will only process claims with the codes as described in 130 CMR 420.000, et. seq., and listed in the tables in Appendix D and all claims with codes not listed in the tables at Appendix D will be rejected. Codes D6245 and D9944 do not appear in the table of dental benefits covered for MassHealth members aged 21 and older. Moreover, 130 CMR 420.421(A) and (B) and 130 CMR 420.456(D) further provide that these are covered service only for members under 21 years old.

The appellant is over age 21 and MassHealth does not pay for dental implants of any type or description for members aged 21 and older (130 CMR 420.421(B)(5)). Although the appellant persuasively testified to her great need for these services, there is no exception to this limitation for medical necessity.

Based on the MassHealth regulations and MassHealth Dental Office Reference Manual, MassHealth's determination that the pontic and mouth guard at issue are not covered services is upheld.

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.

David Jacobs
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest