

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|---------------|-----------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2308872 |
| Decision Date: | 12/13/2023 | Hearing Date: | 10/24/2023 |
| Hearing Officer: | Emily T. Sabo | | |

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

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|---------------------------|---------------------------------|--------------------------|---|
| Appeal Decision: | Denied | Issue: | Prior Authorization for Dental Services; Procedures D6010, D0367, D6190, D6065, D6245 |
| Decision Date: | 12/13/2023 | Hearing Date: | 10/24/2023 |
| MassHealth's Rep.: | Dr. Robert Nersasian | Appellant's Rep.: | Pro se |
| 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 September 5, 2023, MassHealth denied the Appellant's application for MassHealth benefits, specifically, preauthorization for procedures D6010 (implant placement), D0367 (CT scan), D6190 (radiographic/surgical implant), D6065 (implant supported porcelain/ceramic crown), and D6245 (prosthodontics fixed), because MassHealth determined that the services sought 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 September 25, 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 procedures D6010 (implant placement), D0367 (CT scan), D6190 (radiographic/surgical implant), D6065 (implant supported porcelain/ceramic crown), and D6245 (prosthodontics fixed).

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 the specific procedures sought by the Appellant's dental provider as codified in the MassHealth Regulations and the MassHealth Dental Program Office Reference Manual.

Summary of Evidence

The Appellant appeared telephonically and verified her identity. The Appellant is over the age of 21. (Exhibit 4, Exhibit 5). MassHealth was represented telephonically by an oral surgeon consultant with DentaQuest, the agent of MassHealth that makes prior authorization determinations for dental services.

On September 1, 2023, the Appellant's dental provider submitted a request for prior authorization¹ for procedure codes D6010 (implant placement), D0367 (CT scan), D6190 (radiographic/surgical implant), D6065 (implant supported porcelain/ceramic crown), and D6245 (prosthodontics fixed) (Exhibit 5). The Appellant's dental provider submitted photographs and x-rays of the Appellant's teeth and a note stating: "Patient needs full mouth rehabilitation including crowns and implant restorations to be able to give her a stable functional occlusion." (Exhibit 5 at 11).

MassHealth denied the request for procedure codes D6010, D0367, D6190, D6065, and D6245, 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 codes D6010, D0367, D6190, D6065, and D6245 do not appear in the MassHealth Dental Office Reference Manual and are not services covered by 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 procedure codes D6010, D0367, D6190, D6065, and D6245 do not appear in Subchapter 6 of the Dental Manual, the request cannot be approved.

The Appellant explained that she understood that implants were not a covered procedure, but that she had filed her appeal because such treatment is medically necessary for her. The Appellant testified that due to her gag reflex, she is unable to use dentures. She also testified that she has a cracked crown, missing front teeth, cannot open her mouth fully, and cannot chew food properly. The Appellant testified that she is "not asking for a handout but a hand up."

¹ The Appellant's dental provider sought prior authorization for additional procedures that were not reviewed by MassHealth because they do not require prior authorization. As they are not the subject of this appeal, they are not discussed further.

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 September 1, 2023, the Appellant, through her dental provider, sought preauthorization for procedures D6010, D0367, D6190, D6065, and D6245. Testimony, Exhibits 1 & 5.
3. On September 5, 2023, MassHealth denied preauthorization for procedures D6010, D0367, D6190, D6065, and D6245. Testimony, Exhibits 1 & 5.
4. The Appellant timely appealed on September 25, 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.,² 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.

² 130 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.

(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) (emphasis added).

MassHealth does not pay for services not listed in Subchapter 6 of the Dental Manual. 130 CMR 420.421(B)(12). Codes D6010, D0367, D6190, D6065, and D6245 are not listed in Subchapter 6 of the Dental Manual.³

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.⁴ Exhibit B in Appendix D contains dental benefits covered for MassHealth members aged 21 and older. Codes D6010, D0367, D6190, D6065, and D6245 do not appear in the table of dental benefits covered for MassHealth members aged 21 and older.

I credit the Appellant's testimony and am very sorry for the pain and discomfort she is experiencing. However, the MassHealth regulations at 130 CMR 420.421(B) explain that MassHealth will only pay for a noncovered service if MassHealth determines the service is medically necessary *and the member is younger than 21 years old*. As stated above, the

³ Subchapter 6 can be found online at: <https://www.mass.gov/files/documents/2023/05/18/sub6-den.pdf>.

⁴ The MassHealth Dental Office Reference Manual can be found online at: <https://masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>.

Appellant is not younger than 21 years old. Based on the MassHealth regulations and MassHealth Dental Office Reference Manual, MassHealth's determination that procedures D6010, D0367, D6190, D6065, and D6245 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.

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

cc:

MassHealth Representative: DentaQuest 1, MA