

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2309422
Decision Date:	01/30/2024	Hearing Date:	12/29/2023
Hearing Officer:	Alexandra Shube	Record Open to:	01/26/2024

Appearance for Appellant:
Via telephone:



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

Appeal Decision:	Denied	Issue:	Prior Authorization – Dental Implant
Decision Date:	01/30/2044	Hearing Date:	12/29/2023
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	██████
Hearing Location:	Quincy, Remote	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 27, 2023, MassHealth denied the appellant's prior authorization request for dental service codes D7953, D4266, D6010, D6057, and D6059 (all related to an implant for tooth number 9) (Exhibit 1). The appellant filed this appeal in a timely manner on October 5, 2023 (Exhibit 2). Denial of a prior authorization request is valid grounds for appeal (130 CMR 610.032).

The hearing was originally scheduled for November 17, 2023, but at hearing the appellant's representative did not have proper authority. The hearing was rescheduled for December 22, 2023.

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for dental service codes D7953, D4266, D6010, D6057, and D6059 (all related to an implant for tooth number 9)

Issue

The appeal issue is whether MassHealth was correct in denying the appellant's prior authorization request.

Summary of Evidence

Dr. Sheldon Sullaway, a consultant from DentaQuest, the MassHealth dental administrator, appeared telephonically and testified as follows: on September 26, 2023, MassHealth received a prior authorization request for dental service codes D7953 (bone replacement graft for ridge preservation), D4266 (guided tissue regeneration, natural teeth – resorbable barrier), D6010 (surgical placement of implant body: endosteal implant), D6057 (custom abutment), and D6059 (abutment supported porcelain fused to metal crown (high noble metal)), all codes related to an implant for tooth number 9.¹ On September 27, 2023, MassHealth denied the request because dental implants are not a covered service by MassHealth. He noted that the appellant's provider did not provide any x-rays or photographs with the request.

The appellant's mother appeared at hearing telephonically and testified as follows: her son is 18 years old and this is his front upper tooth. The tooth has not been removed yet. The appellant's providers tried to see if they could move the tooth with braces, but that was unsuccessful. The tooth is not in the right position.

This hearing officer asked Dr. Sullaway about the exception in 130 CMR 420.421(B) regarding non-covered services which states that MassHealth "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***" (emphasis added). Dr. Sullaway stated that medical necessity has not been shown and there is no procedure number for implants because MassHealth does not cover any implants. Additionally, there are other types of replacements, such as removeable appliances, that could be approved. Those options are comparable to implants and less costly. He noted that not all implants are successful.

At the request of the hearing officer, the record was left open until January 19, 2024 for the appellant to provide a letter from his dentist with the following information: the appellant's dental condition/diagnosis, a narrative of the procedure requested, why the implant is medically necessary, and any relevant x-rays and imaging. The MassHealth representative was given until January 26, 2024 to review the appellant's submission. On the morning of January 19, 2024, this hearing officer followed up with the appellant's mother via email to determine if she had sent the

¹ Dental service code D7210 (surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated) was also requested but MassHealth did not review that request as that service code does not require prior authorization. Dr. Sullaway stated that the appellant's dentist can remove the tooth, and have the procedure covered by MassHealth, whenever he chooses.

requested letter or was planning to by the end of the day. The appellant's mother responded via email that she was working on it and was going to call the office to see if they sent anything. The hearing officer did not hear from the appellant again and closed the record on January 26, 2024.

Findings of Fact

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

1. The appellant is a MassHealth member under the age of 21 (Testimony and Exhibit 4).
2. On September 26, 2023, MassHealth received a prior authorization request for dental service codes D7953 (bone replacement graft for ridge preservation), D4266 (guided tissue regeneration, natural teeth – resorbable barrier), D6010 (surgical placement of implant body: endosteal implant), D6057 (custom abutment), and D6059 (abutment supported porcelain fused to metal crown (high noble metal)), all codes related to an implant for tooth number 9 (Testimony and Exhibits 1 and 5).
3. On September 27, 2023, MassHealth denied the request because the requested service is not a covered service (Testimony and Exhibits 1 and 5).
4. On October 5, 2023, the appellant timely appealed the denial (Exhibit 2).
5. The record was held open until January 19, 2024 for the appellant to provide a letter from his dentist with the following information: the appellant's dental condition/diagnosis, a narrative of the procedure requested, why the implant is medically necessary, and any relevant x-rays and imaging (Testimony and Exhibit 6).
6. The hearing officer followed up with the appellant's mother on January 19, 2024, but she never provided any additional documentation from the appellant's dentist (Exhibit 7).
7. The record closed on January 26, 2024.

Analysis and Conclusions of Law

MassHealth pays for dental services when they are medically necessary **and** covered by MassHealth's dental program. The regulations at 130 CMR 420.421 specify those services that are covered and not covered by MassHealth. MassHealth's coverage of specific services varies depending on whether a member is under the age of 21. The appellant is under the age of 21.

Pursuant to 130 CMR 420.410(A)(1), MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through

the prior authorization process. Services requiring prior authorization are identified in Subchapter 6 of the Dental Manual, and may also be identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances. 130 CMR 420.410(A)(2).

130 CMR 420.421 states the following regarding covered and non-covered services:

(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...*

(5) implants of any type or description...

(Emphasis added).

According to 130 CMR 420.421 and the Dental Manual, the requested dental service codes D7953, D4266, D6010, D6057, and D6059 (all related to an implant for tooth number 9) are not covered, unless the appellant is under the age of 21 **and** MassHealth determines that the service is medically necessary. Here, the appellant is under the age of 21; however, despite being given additional time to provide documentation establishing medical necessity, he has not done so. As there is nothing to support a medical necessity determination, the requested service codes cannot be approved and the MassHealth determination was correct.²

For these reasons, the appeal is denied.

² There is nothing in this decision preventing the appellant and his provider from resubmitting the prior authorization request with the appropriate documentation showing medical necessity.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA