

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2400387
Decision Date:	3/18/2024	Hearing Date:	2/16/2024
Hearing Officer:	Cynthia Kopka		

Appearance 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 – dental, crowns
Decision Date:	3/18/2024	Hearing Date:	2/16/2024
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	Pro se, with spouse
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

By notice dated November 17, 2023 MassHealth denied Appellant's prior authorization request for service code D6058, abutment supported porcelain/ceramic crown for teeth 7 and 9 and D6740, prosthodontics fixed, crown-porcelain/ceramic for tooth 8. Exhibit 1. Appellant filed this appeal on January 8, 2024. Exhibit 2. 130 CMR 610.015(B). Denial of a request for assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for dental services.

Issue

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

Summary of Evidence

MassHealth was represented by a licensed dentist who appeared by phone and submitted records in support, Exhibit 4. Appellant appeared by phone with his spouse and submitted a letter in support, Exhibit 2. A summary of testimony and documents follows.

Appellant is over the age of ■■■. Exhibit 4 at 5. On November 17, 2023, MassHealth received a request from Appellant's provider for service code D6058, abutment supported porcelain/ceramic crown for teeth 7 and 9 and D6740, prosthodontics fixed, crown-porcelain/ceramic for tooth 8. The request also included code D7140, extraction of tooth 8, which is not a service requiring prior authorization.

On November 17, 2023, MassHealth denied the services, determining that the services are not covered. The MassHealth representative testified that these services were crown/implants, and MassHealth does not cover implant related services. The MassHealth representative testified that MassHealth does not cover porcelain to ceramic. The MassHealth representative did not receive copies of x-rays or a narrative explaining the request.

Appellant's front tooth is loose, but his other adjoining teeth are in good health. Appellant disputed that the proper course of action would be to pull all the teeth and replace with a denture. Appellant is a disabled senior fighting cancer and cannot afford to replace his tooth with an implant. Appellant challenged MassHealth's reasons for denial as the testimony offered by the MassHealth representative was inconsistent. Appellant believed that the services requested were alternatives to implants and not implants themselves.

Findings of Fact

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

1. Appellant is over the age of ■■■. Exhibit 4 at 5.
2. On November 17, 2023, MassHealth received a request from Appellant's provider for service code D6058, abutment supported porcelain/ceramic crown for teeth 7 and 9 and D6740, prosthodontics fixed, crown-porcelain/ceramic for tooth 8. *Id.* at 1.
3. On November 17, 2023, MassHealth denied the services, determining that the services are not covered. Exhibit 1.
4. Appellant filed a timely appeal on January 8, 2024. Exhibit 2.

Analysis and Conclusions of Law

MassHealth pays for dental services when they are medically necessary¹ and covered by MassHealth's dental program. MassHealth's coverage of specific services varies depending on whether a member is under the age of 21 or is a client eligible for adult services through Massachusetts' Department of Developmental Services (DDS).

The regulations at 130 CMR 420.421 describe dental services that are covered and not covered by MassHealth. MassHealth's regulations do not cover "implants of any type or description." 130 CMR 420.421(B)(5). Coverage of prosthodontic services is described in 130 CMR 420.428 (removable) and 130 CMR 420.429 (fixed), set forth in pertinent part:

420.428: Service Descriptions and Limitations: Prosthodontic Services (Removable)

(A) General Conditions. The MassHealth agency pays for dentures services once per seven calendar years per member, subject to the age limitations specified in 130 CMR 420.428(B). MassHealth payment includes all services associated with the fabrication and delivery process, including all adjustments necessary in the six months following insertion. The member is responsible for all denture care and maintenance following insertion. The MassHealth agency does not pay for complete dentures when the member's medical record indicates material limitations to the member's ability to cooperate during the fabrication of the denture or to accept or function with the denture, or indications that the member does not intend to utilize the denture

(B) Prosthodontic Services. The MassHealth agency pays for complete dentures for all members. The MassHealth agency pays for immediate dentures, including relines and post insertion procedures and placement of identification, for members younger than 21 years old.

(C) Denture Procedures.

- (1) All denture services require appropriate diagnostic quality radiographs to be taken and stored in the member's chart.
- (2) As part of the denture fabrication process, the member must approve

¹ Pursuant to 130 CMR 450.204(A),

(A) A service is "medically necessary" if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007

the teeth and setup in wax and try on the denture setup at a try-in visit before the dentures are processed.

(3) The member's identification must be on each denture.

(4) All dentures must be initially inserted and subsequently examined and can be adjusted up to six months after the date of insertion by the dentist at reasonable intervals consistent with the community standards.

(5) If a member does not return for the insertion of the completed processed denture, the provider is required to submit to the MassHealth agency written evidence on their office letterhead of at least three attempts to contact the member over a period of one month via certified mail return receipt requested. Upon providing documentation, the provider may be reimbursed a percentage of the denture fee to assist in covering costs. See 130 CMR 450.231: *General Conditions of Payment*.

(D) Complete Dentures. Payment by the MassHealth agency for complete dentures includes payment for all necessary adjustments, including relines, as described in 130 CMR 420.428(E).

(E) Removable Partial Dentures. The MassHealth agency pays for removable partial dentures if there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition does not have active periodontitis, and there is a favorable prognosis for treatment outcome. A tooth is considered missing if it is a natural tooth or a prosthetic tooth missing from a fixed prosthesis. Payment for a partial denture includes payment for all necessary procedures for fabrication including clasps and rest seats.

...

420.429: 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.

MassHealth's coverage of restorative services for adults is set forth in 130 CMR 420.425(C)(2):

(2) Members 21 Years of Age and Older. The MassHealth agency pays for the following crown materials on permanent incisors, cuspids, bicusps, and first and second molars:

(a) crowns porcelain fused to predominantly base metal;

- (b) crowns made from porcelain or ceramic;
- (c) stainless steel crowns only if crown porcelain fused to predominately base metal is unsuitable and extraction (the alternative treatment) would cause undue medical risk for a member with one or more medical conditions that include, but are not limited to
 - 1. hemophilia;
 - 2. history of radiation therapy;
 - 3. acquired or congenital immune disorder;
 - 4. severe physical disabilities such as quadriplegia;
 - 5. profound intellectual or developmental disabilities; or
 - 6. profound mental illness; and
- (d) posts and cores and/or pin retention.

Additionally, subchapter 6 of MassHealth's Dental Manual and the MassHealth Dental Program Office Reference Manual (ORM) contains information for providers in submitting claims to MassHealth. 130 CMR 420.410(C). Per the ORM, service codes D6058 and D6740 are not listed as covered codes for any members of any coverage type.

The reasons given at hearing for the denial was that MassHealth does not cover implants and MassHealth does not cover porcelain/ceramic crowns. Appellant correctly pointed out that there were inconsistencies in MassHealth's testimony, as the request appears to be for a fixed prosthodontic for tooth 8 supported by crowns on teeth 7 and 9, and not implants as initially described. However, as the codes requested are not included as covered codes in MassHealth's ORM, the requested services are not covered by MassHealth. Accordingly, this 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.

Cynthia Kopka
Hearing Officer

Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA

[REDACTED]