

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401150
Decision Date:	04/18/2024	Hearing Date:	03/05/2024
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:

Via telephone



Appearance for MassHealth:

Via telephone

Dr. Robert Nersasian



*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 Surgery
Decision Date:	04/18/2024	Hearing Date:	03/05/2024
MassHealth's Rep.:	Dr. Nersasian	Appellant's Rep.:	Parent
Hearing Location:	Quincy Harbor South 2 (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 January 5, 2024, MassHealth denied the appellant's prior authorization request for dental service code D7240, removal of impacted tooth, for tooth number 1 and approved this service for teeth numbers 16, 17, and 32 (Exhibit 1). The appellant filed this appeal in a timely manner on January 21, 2024 (130 CMR 610.015(B); Exhibit 2). Challenging a denial of a prior authorization request is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for dental service code D7240 for tooth number 1.

Issue

The appeal issue is whether MassHealth was correct in denying the appellant's prior authorization request for removal of impacted tooth number 1.

Summary of Evidence

The appellant is a minor MassHealth member who was represented at hearing by his father, who testified through an interpreter. MassHealth was represented at hearing by Dr. Robert Nersasian, a dental consultant from DentaQuest, the MassHealth dental contractor, who testified as follows:

The appellant's dental provider submitted a prior authorization request for removal of impacted wisdom teeth – completely bony - for teeth numbers 1 (upper right), 16 (upper left), 17 (lower left), and 32 (lower right) on or about January 2, 2024 (Exhibit 5). MassHealth denied the prior authorization request for removal of tooth number 1. The denial reason is that the documentation submitted by the appellant's provider does not meet the criteria for removal of an impacted tooth (completely bony) and a less severe extraction code would be considered (Exhibit 5, p. 3). In other words, the requested service for this tooth was over-coded by the provider as that tooth is erupted and not completely under bone. The appellant's dental provider can directly bill with a different code and without prior approval. MassHealth approved the prior authorization request for the appellant's removal of teeth numbers 16, 17, and 32.

The appellant's father stated that his son needs to have all 4 wisdom teeth extracted first to straighten his front teeth out, according to the appellant's provider. He testified that the dental provider extracted the appellant's lower left tooth (number 17) and lower right tooth (number 32). The MassHealth representative explained again that tooth number 1 is not a "bony impaction" and thus can be extracted without prior authorization (through use of a different code). He explained that the procedure code requested (D7240) means that the tooth is completely under bone (not applicable here). The next category is procedure code D7320, which means that the tooth is partially under bone. The following category is procedure code D7220, which means that the tooth is under soft tissue. Finally, the next category is procedure code D7140, which means that the tooth has erupted in the mouth. The appellant's provider can choose any one of the lesser procedure codes (D7320, D7220, D7140) without prior approval required.

Findings of Fact

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

1. On or about January 5, 2024, the appellant's dental provider submitted a prior authorization request to MassHealth for procedure code D7240, removal of impacted teeth (completely bony), for teeth numbers 1, 16, 17, and 32.
2. MassHealth denied the requested service for the appellant's tooth number 1 and approved it for teeth numbers 16, 17, and 32.
3. The reason for the denial is that the documentation submitted by the appellant's provider does not meet the criteria for removal of an impacted tooth (completely bony).

4. The appellant timely appealed this MassHealth action.
5. The appellant's tooth number 1 is partially erupted and not completely under bone.

Analysis and Conclusions of Law

The issue under appeal is whether MassHealth was correct in denying the appellant's prior authorization request for removal of an impacted tooth (number 1). The MassHealth agency pays for necessary extractions (13 CMR 420.430(B)). MassHealth's Dental Office Reference Manual (ORM), which provides additional sub-regulatory guidance, addresses procedure code (D7240) and provides that, with prior authorization, the MassHealth agency will cover the removal of completely impacted teeth for teeth numbers 1-32 for members under 21 years of age who submit a medical necessity narrative and full mouth dental X-rays (MassHealth Dental Program, ORM, p. 98).

In the present case, MassHealth denied the appellant's prior authorization request for procedure code D7240 (removal of an impacted tooth-completely bony) for tooth number 1. The reason for denial was because the documentation submitted by the appellant's dental provider does not meet the criteria for removal of a completely impacted tooth. The MassHealth representative explained that the appellant's tooth number 1 is not considered to be completely under bone and that tooth can be extracted without the need for prior approval; the dental X-rays submitted with the prior approval request confirm MassHealth's position (Exhibit 5). The appellant did not submit any evidence to suggest that tooth number 1 is completely under bone, and thus has not met his burden here. On this record, 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA