

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2402172
Decision Date:	03/26/2024	Hearing Date:	03/19/2024
Hearing Officer:	Thomas J. Goode		

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

Appeal Decision:	Denied	Issue:	Dental; Prior Authorization
Decision Date:	03/26/2024	Hearing Date:	03/19/2024
MassHealth's Rep.:	Dr. Robert Nersasian, DentaQuest	Appellant's Rep.:	Pro se
Hearing Location:	Remote		

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 31, 2024, MassHealth denied Appellant's prior authorization request for dental service codes D4273 (subepithelial connective tissue graft procedure) and D4283 (autogenous connective tissue graft procedure) (130 CMR 420.421(B) and Exhibit 1). Appellant filed this appeal in a timely manner on February 9, 2024 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for dental service codes D4273 (subepithelial connective tissue graft procedure) and D4283 (autogenous connective tissue graft procedure).

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.421(B), in denying Appellant's prior authorization request for dental service codes D4273 (subepithelial connective tissue graft procedure) and D4283 (autogenous connective tissue graft procedure).

Summary of Evidence

MassHealth was represented telephonically by an oral surgeon consultant with DentaQuest, the agent of MassHealth that makes prior authorization determinations for dental services. Through a notice dated January 31, 2024, MassHealth denied Appellant's prior authorization request for dental service codes D4273 (subepithelial connective tissue graft procedure) and D4283 (autogenous connective tissue graft procedure). Appellant is over 21 years of age. The MassHealth representative explained that the services requested involve repairing the gingiva and taking tissue from another part of the mouth to cover exposed roots. The MassHealth representative testified that the MassHealth Dental Manual does not include the dental codes requested, and therefore authorization was denied pursuant to 130 CMR 420.421(B) because the services requested are non-covered services.

Appellant testified that he understood that a dental procedure was medically necessary if it was intended to relieve pain and discomfort. He testified that he needs the gum grafting procedures requested because the roots of the involved teeth are exposed causing sensitivity to hot and cold. He added that without the grafting procedure, he will likely lose tooth #24, and then require a bridge, and that it makes more sense to preserve his existing teeth. Appellant's dentist also submitted a letter outlining medical necessity (Exhibit 4).

Findings of Fact

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

1. Through a notice dated January 31, 2024, MassHealth denied Appellant's prior authorization request for dental service codes D4273 (subepithelial connective tissue graft procedure) and D4283 (autogenous connective tissue graft procedure).
2. Appellant is over 21 years of age.
3. The MassHealth Dental Manual does not include dental service codes D4273 (subepithelial connective tissue graft procedure) and D4283 (autogenous connective tissue graft procedure).

Analysis and Conclusions of Law

Regulation 130 CMR 420.421(B) provides:

420.421: 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. (emphasis added)

(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*.¹**

Pursuant to 130 CMR 420.421(C)(8), for members over 21 years of age, oral surgery services are covered in accordance with the service descriptions and limitations described in 130 CMR 420.430, which does not list as covered services the dental services requested on Appellant's behalf. Further, MassHealth does not pay for services not listed in Subchapter 6 of the Dental

¹ Subchapter 6 of the Dental Manual is available at: <https://www.mass.gov/lists/dental-manual-for-masshealth-providers#subchapter-6:-dental-service-codes->

Manual (130 CMR 420.421(B)(12)). Dental codes D4273 and D4283 are not listed in Subchapter 6 of the Dental Manual. MassHealth's determination that dental service codes D4273 and D4283 are non-covered services is correct. 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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA