

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2404913
Decision Date:	07/12/2024	Hearing Date:	05/31/2024
Hearing Officer:	Emily Sabo		

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 Services
Decision Date:	07/12/2024	Hearing Date:	05/31/2024
MassHealth's Rep.:	Sheldon Sullaway	Appellant's Rep.:	██████
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 January 25, 2024, MassHealth denied the Appellant's application for MassHealth benefits, specifically, preauthorization for procedure D6740 (white glass cap) for teeth 28 and 31 and procedure D6245 (prosthodontics fixed, pontic—porcelain/ceramic) for teeth 29 and 30 because MassHealth determined that the services are not covered. Exhibit 1 (citing 130 CMR 420.424(C), 130 CMR 420.429, 130 CMR 420.456(A), (B), (E), & (F)). The Appellant filed this appeal in a timely manner on March 27, 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 preauthorization for procedure D6740 (white glass cap) for teeth 28 and 31 and procedure D6245 (prosthodontics fixed, pontic—porcelain/ceramic) for teeth 29 and 30.

Issue

The appeal issue is whether MassHealth was correct to deny the request for preauthorization for dental services because MassHealth does not cover procedures D6740 and D6245, as codified in

the MassHealth Regulations and the MassHealth Dental Program Office Reference Manual.

Summary of Evidence

The hearing was held by telephone. MassHealth was represented by a licensed dentist, who is a consultant with DentaQuest, the agent of MassHealth that makes prior authorization determinations for dental services.

On January 25, 2024, the Appellant's dental provider submitted a request for prior authorization for procedure D6740 (white glass cap) for teeth 28 and 31 and procedure D6245 (prosthodontics fixed, pontic—porcelain/ceramic) for teeth 29 and 30. Exhibit 5. MassHealth denied the request, noting that they are not covered services for MassHealth members over the age of 21. Exhibits 1 & 5. The MassHealth representative testified that the requested procedure is a 4-unit fixed bridge with crowns on each end, and that MassHealth does not cover fixed bridges for members over the age of 21, which the Appellant is. The MassHealth representative testified that MassHealth covers regular crowns and removable partial dentures. The MassHealth representative testified that procedure codes D6740 and D6245 do not appear in the MassHealth Dental Office Reference Manual. The MassHealth representative testified that MassHealth does not pay for any service not listed in Subchapter 6 of the Dental Manual. The MassHealth representative testified that because procedure codes D6740 and D6245 do not appear in Subchapter 6 of the Dental Manual, the request cannot be approved.

The Appellant testified that she is experiencing pain with her teeth and that her x-rays indicate decay and bone loss, near where she had previously had a root canal. The Appellant testified that she was puzzled because she had received a phone call from her dental office that treatment for two of the teeth had been approved, but that she did not receive a letter from MassHealth. The Appellant said that when she followed up with her dental office, she was told that they did not have a record of the approval. The Appellant mentioned that she is considering switching dentists.¹

Findings of Fact

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

1. The Appellant is a MassHealth Standard member over the age of 21. Exhibit 4.
2. On January 25, 2024, the Appellant, through her dental provider, sought preauthorization for procedure D6740 (white glass cap) for teeth 28 and 31 and procedure D6245 (prosthodontics

¹ Other dental providers that accept MassHealth can be searched for here: https://provider.masshealth-dental.net/MH_Find_a_Provider#/home.

fixed, pontic—porcelain/ceramic) for teeth 29 and 30. Testimony, Exhibits 1 & 5.

3. On January 25, 2024, MassHealth denied preauthorization for procedures D6740 and D6245. Testimony, Exhibits 1 & 5.
4. The Appellant timely appealed on March 27, 2024. 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.

(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

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.

- 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) (emphases added).

MassHealth does not pay for services not listed in Subchapter 6 of the Dental Manual. 130 CMR 420.421(B)(12). Codes D6740 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 D6740 and D6245 do not appear in the table of dental benefits covered for MassHealth members aged 21 and older.⁵

I am sorry the Appellant is experiencing pain. However, MassHealth did not err in denying the request for procedures D6740 and D6245 as they are not listed within Subchapter 6 or Appendix D. Based on the MassHealth regulations and MassHealth Dental Office Reference Manual, MassHealth's determination that procedures D6740 and D6245 are not covered services is upheld. The appeal is denied.

Order for MassHealth

None.

³ Subchapter 6 can be found online at: <https://www.mass.gov/files/documents/2024/06/27/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>.

⁵ I note that the Dental Manual does include code D2999 "unspecified restorative procedure, by report" for members 21 and older, requiring prior authorization, individual consideration, and an explanatory narrative of medical necessity. It also includes D6999 "fixed prosthodontic procedure" for members 21 and older, requiring prior authorization, individual consideration, and an explanatory narrative of medical necessity.

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 Sabo
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA