

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2405595
Decision Date:	6/27/2024	Hearing Date:	05/10/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Dr. Sheldon Sullaway (DentaQuest) *via*
telephone

Interpreter:



*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 (Crowns, Bridge)
Decision Date:	6/27/2024	Hearing Date:	05/10/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South	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 March 4, 2024, MassHealth denied the appellant's prior authorization request for five dental procedures because MassHealth did not cover these services. (See 130 CMR 420.425; 420.429; Exhibit (Ex.) 1; Ex. 2, pp. 4-5, 6-7; and Ex. 6, pp. 4-5). The appellant filed this appeal in a timely manner on April 9, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for five dental procedures.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.425 and 420.429 in determining that the requested procedures should be denied.

Summary of Evidence

MassHealth was represented by a licensed dentist who is a consultant with DentaQuest the MassHealth agent responsible for administering MassHealth's Dental Program. The appellant

represented himself. At the appellant's request, BOH arranged for interpretation in the appellant's preferred language. All individuals appeared at the hearing by telephone.

The MassHealth representative testified that prior to the hearing he reviewed copies of the prior authorization request and MassHealth's initial basis for denial. (Testimony; Ex. 6). On March 4, 2024, the appellant's dental provider submitted a prior authorization request for procedure D6750 Crown-Porcelain Fused High Noble for teeth 2 and 6; and D6242 Pontic-Porcelain Fused-Noble Metal for teeth 3, 4, and 5. (Testimony; Ex. 6, pp. 6-7). The MassHealth representative explained that procedures requested under D6750, in layman's term, were for a white glass crown fused to a noble metal (gold) cap and those under D6242 were for false teeth. (Testimony). Effectively the provider was requesting a five unit fixed bridge with teeth 2 and 6 acting as abutments in order to hold teeth 3 through 5 in place. (Testimony). MassHealth does not cover services under these particular codes. (Testimony). Furthermore, MassHealth does not cover crown materials consisting of noble metals. (Testimony). For that reason, MassHealth denied the requested procedures in a notice dated March 4, 2024. (Testimony; Ex. 1; Ex. 2, pp. 4-5, 6-7; and Ex. 6, pp. 4-5). The MassHealth representative stated that MassHealth may cover a partial removable denture if the procedure is properly requested, and the need documented. (Testimony).

The appellant stated that he needed the requested procedures for a few reasons. (Testimony). The appellant was over [REDACTED] years of age and disabled. (Testimony; Ex. 1; Ex. 2, pp. 2, 6, 10; Ex. 3; Ex. 6, pp. 4, 6). It was hard for him to eat because he did not have the teeth where the bridge would be. (Testimony). The appellant's lack of teeth affected the appellant's digestion because he was unable to properly chew food. (Testimony). This has caused the appellant to use four different types of medication to help with the ensuing indigestion issues. (Testimony). The appellant used a partial denture in the past, but it broke. (Testimony). The appellant's dentist told him that continued use of the broken denture would injure his gums. (Testimony). The appellant could not afford to pay for the requested procedures himself, which was why the appellant was seeking assistance from MassHealth. (Testimony). The appellant felt that he did not have any other alternatives or options. (Testimony).

Findings of Fact

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

1. The appellant is over the age of [REDACTED] (Testimony; Ex. 1; Ex. 2, pp. 2, 6, 10; Ex. 3; Ex. 6, pp. 4, 6).
2. On March 4, 2024, the appellant's dental provider submitted a prior authorization request for procedure D6750 Crown-Porcelain Fused High Noble for teeth 2 and 6; and D6242 Pontic-Porcelain Fused-Noble Metal for teeth 3, 4, and 5. (Testimony; Ex. 6, pp. 6-7).
3. Procedure D6750 denotes a white glass crown fused to a noble metal (gold) cap and procedure D6242 denotes a false tooth acting as a bridge. (Testimony).

4. The provider was requesting a five unit fixed bridge with teeth 2 and 6 acting as abutments in order to hold teeth 3 through 5 in place. (Testimony).
5. MassHealth does not cover this type of service and does not cover crown materials consisting of noble metals. (Testimony).
6. For that reason, MassHealth denied the requested procedures in a notice dated March 4, 2024. (Testimony; Ex. 1; Ex. 2, pp. 4-5, 6-7; and Ex. 6, pp. 4-5).
7. MassHealth may cover a partial removable denture if the procedure is properly requested, and the need documented. (Testimony).

Analysis and Conclusions of Law

The MassHealth agency pays for fixed partial dentures/bridge for anterior teeth only for members younger than ■ years old with two or more missing permanent teeth. (130 CMR 420.429(A)). The appellant, through his dental provider, requested that MassHealth pay for three false teeth under code D6242. The appellant is over the age of ■ years old. MassHealth does not pay for a fixed partial denture/bridge of this sort for individuals who, like the appellant, are over the age of ■ years old. MassHealth properly denied these procedures.

For members older than ■ years old, MassHealth pays for the following crown: porcelain fused to predominantly base metal; crowns made from porcelain or ceramic; 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 listed medical conditions. (130 CMR 420.425(C)(2)). The appellant, through his dental provider, requested white glass crowns fused to gold for tooth 2 and tooth 6 under code D6750. MassHealth does not pay for crowns fused to noble metals such as gold. MassHealth therefore also properly denied these procedures.

For the above reasons, 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

DentaQuest 1, MA