

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416131
Decision Date:	01/03/2025	Hearing Date:	11/29/2024
Hearing Officer:	Christine Therrien		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Sheldon Sullaway



*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
Decision Date:	01/03/2025	Hearing Date:	11/29/2024
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	██████
Hearing Location:	Quincy Harbor Telephonic		

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 10/10/24, MassHealth denied the appellant's prior authorization for a maxillary partial denture-flexible base (code D5225) because MassHealth determined that the service is not covered. (130 CMR 420.421(B) and Exhibit 1). The appellant filed this appeal in a timely manner on 10/21/24. (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 the Appellant's request for prior authorization for dental services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.421 and the MassHealth Dental Manual, in determining that the requested dental services are not covered.

Summary of Evidence

The MassHealth representative, a licensed dentist, testified that the appellant's dental provider submitted a prior authorization request on 10/10/24 for a maxillary partial denture-flexible base (D5225). The MassHealth representative testified that this request was denied on 10/10/24 because these are not MassHealth covered services for an adult who is not a DDS client. The MassHealth representative stated there is no coverage for the requested service.

The appellant is over the age of 21. The appellant testified that he received this same partial seven years ago, and it was considered a covered service. The appellant testified that he had a hard base partial, but it broke. The appellant testified that the hard denture is impacting his speech and irritating his gums.

Findings of Fact

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

1. The appellant is over the age of 21.
2. The appellant's dental provider submitted a prior authorization request on 10/10/24 for a maxillary partial denture – flexible base (D5225).
3. The request was denied on 10/10/24 because these are not MassHealth-covered services for an adult ages 21 to 64.

Analysis and Conclusions of Law

MassHealth only pays for medically necessary services established through the prior authorization process. 130 CMR 420.410(D)(1) states that “[p]rior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility, the availability of other health-insurance payment, or whether the service is a covered service.” Additionally, 130 CMR 420.410(C)(1) indicates that “[t]he provider is responsible for including with the request for prior authorization appropriate and sufficient documentation to justify the medical necessity for the service.”

130 CMR 420.421 governs the authorization of covered and noncovered services. This regulation states that MassHealth will not authorize the payment for services not listed in Subchapter 6 of the Dental Manual 130 CMR 420.421(B).¹

¹ <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>. Published September 7, 2024

130 CMR 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 under age 21.

Per Subchapter 6 of the Dental Manual and the “MassHealth Dental Program Office Reference Manual,” the procedure code D5225 is only covered once per 84 months for members under age 21.² As the appellant is over aged 21, this is not a covered service.³ Based on the evidence MassHealth was within regulatory authority in denying the appellant’s PA request for procedure code D5225.

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

² <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>. Published September 7, 2024

³ Procedure code D5211 maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth) is a covered service for members over aged 21.

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Christine Therrien
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA