

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2419742
Decision Date:	2/5/2025	Hearing Date:	01/28/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway, DentaQuest consultant



*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 Services; Prior Authorization
Decision Date:	2/5/2025	Hearing Date:	01/28/2025
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
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 December 9, 2024, MassHealth denied the Appellant's application for MassHealth benefits, specifically, prior authorization for procedure D6100 (surgical removal of an implant) for tooth 19 because MassHealth determined that it is not a covered service. Exhibits 1 and 5. The Appellant filed this appeal in a timely manner on December 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 prior authorization for procedure D6100 (surgical removal of an implant) for tooth 19.

Issue

The appeal issue is whether MassHealth was correct to deny the request for prior authorization for dental services because MassHealth does not cover procedure D6100, 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 December 9, 2024, the Appellant's dental provider submitted a request for prior authorization for procedure D6100 (surgical removal of an implant) for tooth 19. Exhibits 1 & 5. MassHealth denied the request on the grounds that it is not a covered service. Exhibits 1 & 5. The MassHealth representative testified that the removal of an implant is not a covered service. The MassHealth representative cited the Dental Office Reference Manual in support of the denial. The MassHealth representative clarified that the extraction of a natural tooth is covered by MassHealth. The MassHealth representative testified that he is not sure why the extraction of a natural tooth is covered, but extraction of an implant is not. He stated that it may be because MassHealth does not cover implants, and that as the implant is not meant to come out, it may be more difficult to remove them. The MassHealth representative testified that MassHealth will pay for the Appellant to have an emergency dental appointment if she is in pain.

The Appellant verified her identity. The Appellant stated that she was very distressed because the area around tooth 19 is infected and that the implant needs to be removed. The Appellant testified that tooth 19 is becoming septic and infected. The Appellant emphasized that the extraction is not cosmetic and is medically necessary. The Appellant testified that MassHealth's distinction between the removal of implants versus natural teeth made no sense to her, particularly because natural teeth do not last 100% of the time. The Appellant suggested that the rules and regulations should be changed to cover the extraction of dental implants. Prior to the hearing, the Appellant submitted additional records. Exhibit 6.

Findings of Fact

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

1. The Appellant is a MassHealth CommonHealth member over the age of 65. Exhibit 4.
2. On December 9, the Appellant, through her dental provider, sought prior authorization for procedure D6100 (surgical removal of an implant) for tooth 19. Testimony, Exhibits 1 & 5.
3. On December 9, 2024, MassHealth denied prior authorization for procedure D6100 for tooth 19 as a non-covered service. Testimony, Exhibits 1 & 5.
4. The Appellant timely appealed on December 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.*,¹ 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 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;

¹ 130 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.

- (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) (emphasis added).

MassHealth does not pay for services not listed in Subchapter 6 of the Dental Manual. 130 CMR 420.421(B)(12). Code D6100 is not listed in Subchapter 6 of the Dental Manual.² 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.³ Exhibit B in Appendix D contains dental benefits covered for MassHealth members aged 21 and older. Code D6100 does not appear in the table of dental benefits covered for MassHealth members aged 21 and older.

I have heard the Appellant's arguments that the removal is not cosmetic and should be treated the same as a natural tooth. To the extent that the Appellant is challenging the legality of the MassHealth regulations, in accordance with 130 CMR 610.082(C)(2), as the hearing officer, I

must not render a decision regarding the legality of federal or state law including, but not limited to, the MassHealth regulations. If the legality of such law or regulations is raised by the appellant, the hearing officer must render a decision based on the applicable law or regulation as interpreted by the MassHealth agency. Such decision must include a statement that the hearing officer cannot rule on the legality of such law or regulation and must be subject to judicial review in accordance with 130 CMR 610.092.

130 CMR 610.082(C)(2).

Based on the Appellant's testimony about her infection and sepsis, I am concerned about her health. However, I have reviewed the records submitted by the Appellant and her provider, and they do not include a narrative or other supporting documentation for the medical necessity of extracting the implant tooth 19, nor any reference to infection and sepsis. *See* Exhibits 5 & 6. Therefore, the Appellant has not met her burden of establishing that MassHealth erred in its December 9, 2024 decision.

If the Appellant or her medical provider include documentation of the infection and medical necessity of the removal, I would encourage them to submit another prior authorization request. Additionally, the MassHealth regulations do provide for palliative treatment of dental pain or infection:

² Subchapter 6 can be found online at: <https://www.mass.gov/files/documents/2024/06/27/sub6-den.pdf>.

³ The MassHealth Dental Office Reference Manual can be found online at: <https://masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>.

420.456: Service Descriptions and Limitations: Other Services

....

(C) Palliative Treatment of Dental Pain or Infection. The MassHealth agency pays for palliative treatment to alleviate dental pain or infection as part of an emergency service visit. Palliative treatment includes those services minimally required to address the immediate emergency including, but not limited to, draining of an abscess, prescribing pain medication or antibiotics, or other treatment that addresses the member's chief complaint. The provider must maintain in the member's dental record a description of the treatment provided and must document the emergent nature of the condition. The MassHealth agency pays separately for medically necessary covered services provided during the same visit.

130 CMR 420.456(C).

However, at this time, the appeal must be 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.

Emily Sabo
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA