

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503808
Decision Date:	05/06/2025	Hearing Date:	04/28/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Danny Sarkis, BeneCare
Nicholas Caravella, BeneCare



*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- General Dental
Decision Date:	05/06/2025	Hearing Date:	04/28/2025
MassHealth's Reps.:	Dr. Danny Sarkis Nicholas Caravella	Appellant's Rep.:	██████
Hearing Location:	Remote	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 February 3, 2025, MassHealth denied Appellant's prior authorization request for Service Code D6058: abutment supported porcelain/ceramic crowns for teeth Nos. 2, 19, and 30 (130 CMR 420.421, 420.425 and Exhibit 1). Appellant filed this appeal in a timely manner on March 7, 2025 (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 Service Code D6058: abutment supported porcelain/ceramic crowns for teeth Nos. 2, 19, and 30.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.421, 420.425, in denying Appellant's prior authorization request for Service Code D6058: abutment supported porcelain/ceramic crowns for teeth Nos. 2, 19, and 30.

Summary of Evidence

MassHealth was represented by a BeneCare dental consultant who appeared by telephone and testified that he is a licensed and practicing dentist in the Commonwealth of Massachusetts. MassHealth denied Appellant's prior authorization request for Service Code D6058: abutment supported porcelain/ceramic crowns for teeth Nos. 2, 19, and 30. The MassHealth representative testified that the requested services are for crowns to be placed on implants already placed in Appellant's mouth. The MassHealth representative testified that MassHealth does not pay for implants or crowns to be placed on implants under 130 CMR 420.421 and only pays for crowns placed on natural teeth. The MassHealth representative noted that Service Code D6058 is not a covered code in the MassHealth Dental Manual.

Appellant testified that in [REDACTED], he paid privately for implants to replace teeth Nos. 2, 19, and 30, but did not have crowns made and placed on the implants. He testified that he has severe gastric problems that affect his overall health, and that the crowns requested should be covered by MassHealth to allow him to chew food and maintain nutrition.

Findings of Fact

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

1. MassHealth denied Appellant's prior authorization request for Service Code D6058: abutment supported porcelain/ceramic crowns for teeth Nos. 2, 19, and 30.
2. Appellant is over 21 years of age.
3. In [REDACTED], Appellant paid privately for implants for teeth Nos. 2, 19, and 30.
4. Service Code D6058 is not listed as a covered service in the MassHealth Dental Manual.

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 420.425(C)(2):

(2) Members 21 Years of Age and Older. The MassHealth agency pays for the following crown materials **on permanent incisors, cuspids, bicuspid, and first and second molars:**

- (a) crowns porcelain fused to predominantly base metal;
- (b) crowns made from porcelain or ceramic;

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->

(c) 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 medical conditions that include, but are not limited to

1. hemophilia;
2. history of radiation therapy;
3. acquired or congenital immune disorder;
4. severe physical disabilities such as quadriplegia;
5. profound intellectual or developmental disabilities; or
6. profound mental illness; and

(d) posts and cores and/or pin retention.

The prior authorization request is for Service Code D6058: abutment supported porcelain/ceramic crowns for teeth Nos. 2, 19, and 30. Service Code D6058 is not listed as a covered service in Subchapter 6 of the MassHealth Dental Manual. Further, for members over 21 years of age, MassHealth does not pay for implants of any kind; and coverage for crowns is only approved when placed on natural teeth including permanent incisors, cuspids, bicuspid, and first and second molars. Therefore, 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

MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan