

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505888
Decision Date:	05/27/2025	Hearing Date:	5/23/2025
Hearing Officer:	David Jacobs		

Appearance for Appellant:



Appearances for MassHealth:

Dr. Raymond Martin, BeneCare Dental
Consultant
Mindy Riggs, BeneCare Appeal Representative



*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 – Tooth Implant
Decision Date:	05/27/2025	Hearing Date:	5/23/2025
MassHealth's Reps.:	Dr. Raymond Martin; Mindy Riggs	Appellant's Rep.:	██████
Hearing Location:	Board of Hearings (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 13, 2025, MassHealth denied the appellant's request for an endosteal implant and custom abutment on tooth #5. The appellant filed this appeal in a timely manner on April 11, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Challenging a denial of a prior authorization request is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for an endosteal implant and custom abutment on tooth #5.

Issue

The appeal issue is whether MassHealth was correct in denying the appellant's prior authorization request.

Summary of Evidence

A licensed dentist appeared virtually for BeneCare, the MassHealth dental contractor. The representative testified that the appellant is a female who is over the age of 21. On February 13, 2025, the appellant submitted a prior authorization request for an endosteal implant and custom abutment on tooth #5 (Exhibit 7, pg. 4). That same day, the request was denied by MassHealth on the basis that it is a non-covered service (Exhibit 1). The representative testified that 130 CMR 420.421(B)(5) sets forth that dental implants of any type or description are not covered by MassHealth. The appellant's requested endosteal implant and custom abutment are types of dental implants and therefore not covered by MassHealth.

The appellant appeared in person for the hearing. She testified that she is in constant pain due to her teeth, and she needs the requested tooth implant to be able to bite and chew comfortably. She submitted several letters from medical professionals confirming her great need for the requested implant (Exhibit 5). She further testified that she believes it is a great injustice that she has worked diligently throughout her life and the Commonwealth is denying her health benefits while giving it to others. She believes that her circumstances call for an exception regardless of the MassHealth regulations.

The MassHealth representative reiterated that regardless of the circumstances, there are no exceptions to the MassHealth regulation that states dental implants are a non-covered service (130 CMR 420.421(B)(5)).

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 teeth cause her pain, and she alleges that she needs implants to be able to bite and chew comfortably.
3. On February 13, 2025, the appellant submitted a request for an endosteal implant and custom abutment on tooth #5.
4. On February 13, 2025, the appellant's request was denied because the requested implant is a non-covered service.
5. On April 11, 2025, the appellant appealed the denial.

Analysis and Conclusions of Law

130 CMR 420.421: Non-covered Services:

(B) Non-covered 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 non-covered 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.

(Emphasis added)

Here, it is undisputed that the appellant is over the age of 21 and is requesting a type of dental implant. 130 CMR 420.421(B)(5) specifically excludes from coverage implants of any type or description. The appellant testified that her teeth cause her pain, and she is unable to eat or bite comfortably. She submitted letters from medical professionals stating that the appellant would greatly benefit from the requested tooth implants (Exhibit 5). However, she offered no legal basis to make an exception to the benefit limitations laid out in 130 CMR 420.421. Therefore, the appellant has not met her burden to show that MassHealth erred in its application of the controlling regulations to the facts set forth here, and its denial of the prior authorization request.

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

David Jacobs
Hearing Officer
Board of Hearings

cc:

BeneCare