

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:

[REDACTED]

Appeal Decision:	Denied	Appeal Number:	2509783
Decision Date:	11/5/2025	Hearing Date:	9/26/2025
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:

[REDACTED]

Appearance for MassHealth:

Dr. Raymond Martin, Benecare DHP
Nicholas Caravella, Benecare DHP

Interpreter:

[REDACTED]



*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
Decision Date:	11/5/2025	Hearing Date:	9/26/2025
MassHealth’s Rep.:	Dr. Martin, Nicholas Caravella	Appellant’s Rep.:	Father, cousin
Hearing Location:	Quincy	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

By notice dated June 16, 2025 MassHealth denied Appellant's prior authorization request for service code D9420. Exhibit 1. Appellant filed this appeal on July 1, 2025. Exhibit 2. 130 CMR 610.015(B). Denial of a request for assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for service code D9420.

Issue

The appeal issue is whether MassHealth was correct in denying service code D9420.

Summary of Evidence

MassHealth was represented by a dentist and an administrative representative from Benecare, MassHealth’s current third-party dental contractor, both of whom appeared by virtual Teams meeting. Appellant appeared in person with her father and cousin. Appellant’s father testified with

assistance from a [REDACTED] interpreter by phone. A summary of testimony and documents follows.

Appellant is a minor child. Exhibit 4 at 3. Benecare provided a copy of a form received by Appellant's dental provider, though the date and signature are cut off in the document. *Id.* at 4. The request was for coverage of:

- Procedure code D0120, periodic oral exam;
- Procedure code D1120, child prophylaxis;
- Procedure code D1206, fluoride varnish; and
- Procedure code D9420, hosp' call.

Id. at 4. On June 16, 2025, MassHealth notified Appellant that code D9420 was denied as it is not a covered service. Exhibit 1. The Benecare dental consultant asked Appellant's father if the care in question was received at an outpatient dental clinic, to which Appellant's father replied affirmatively. The Benecare dental consultant testified that the reason why this part of the request was denied was because D9420 is an anesthesia code for hospital use. Had Appellant's provider used code D9920, it would have been approved. The Benecare administrative consultant testified that he reached out to the provider to alert them to the issue and how to correct it, but reported that the provider's clinic insisted they had done everything correctly.

Appellant's father testified that when his daughter went to the dental clinic, he provided his health insurance information. The dental clinic employees asked if Appellant had high blood pressure or bleeding, as a way of screening her for anesthesia. The dentist performed the surgery. After the surgery when Appellant was in recovery, Appellant's father testified that he asked the dentist about Appellant's follow-up care. Appellant's father testified that the dentist told Appellant's father that he will never see Appellant again. Appellant's father asked the dentist what to do if there was an infection, or problem, but the dentist told Appellant's father not to bring Appellant back. Appellant's father was told that there was a problem with Appellant's MassHealth insurance. Appellant's father did not understand why his MassHealth card did not work. Appellant's father brought the MassHealth card to the dental office and the employees made a copy of the card.

Benecare's representatives explained that the dental office made an error using the wrong code and could re-bill MassHealth with the correct code, D9920. Appellant's father asked why the dentist was unprofessional and rude to him and his daughter. Appellant's father testified that he had not received a bill from the dental office. Appellant's father asked why he was receiving a denial in the mail when the dental office made the mistake. The Benecare representatives agreed that the dental office made the mistake, but they cannot authorize the service unless the dental office resubmitted the correct code. The Benecare representatives testified that Appellant's father can file a grievance against the dentist or dental office by submitting a letter to grievances@massdhp.com.

Findings of Fact

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

1. Appellant is under the age of 21.
2. On June 16, 2025, MassHealth denied Appellant's provider's request for coverage of code D9420.
3. Appellant filed a timely appeal on July 1, 2025. Exhibit 2.
4. Appellant received anesthesia from her provider at an outpatient clinic.

Analysis and Conclusions of Law

MassHealth pays for dental services when they are medically necessary¹ and covered by MassHealth's dental program. MassHealth's coverage of specific services varies depending on whether a member is under the age of 21 or is a client eligible for adult services through Massachusetts' Department of Developmental Services (DDS).

The regulations at 130 CMR 420.421 describe dental services that are covered and not covered by MassHealth. Anesthesia services are covered as set forth in 130 CMR 420.452:

420.452: Service Descriptions and Limitations: Anesthesia

(A) General Requirements. The MassHealth agency pays for general anesthesia and intravenous moderate (conscious) sedation/analgesia subject to the service descriptions and limitations described in 130 CMR 420.452 and in accordance with the service description of Subchapter 6 in the *Dental Manual*.

(1) Deep Sedation/General Anesthesia. Deep sedation and general anesthesia, when administered in a dental office, must be administered only by a provider who possesses both an anesthesia-administration permit and an anesthesia-facility permit issued by the Massachusetts Board of Registration in Dentistry (BORID) and when a member is eligible for oral-surgery services. All rules,

¹ Pursuant to 130 CMR 450.204(A),

(A) A service is "medically necessary" if:

(1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007

regulations, and requirements set forth by the Massachusetts BORID and by the Massachusetts Society of Oral and Maxillofacial Surgeons must be followed without exception.

(2) Intravenous Moderate Sedation/Analgesia. The MassHealth agency pays for intravenous moderate sedation/analgesia sedation when administered in a dental office, and when a member is eligible for oral-surgery services, administered by a provider who possesses both an anesthesia-administration permit and an anesthesia-facility permit issued by the Massachusetts BORID.

(3) Inhalation of Nitrous Oxide/Oral Analgesia.

(a) The MassHealth agency pays for the oral administration of analgesia, as part of an operative procedure.

(b) The MassHealth agency pays for the administration of inhalation analgesia (nitrous oxide (N₂O/O₂)) as a separate procedure.

(4) Local Anesthesia. The MassHealth agency pays for the administration of local anesthesia as part of an operative procedure. The MassHealth agency does not pay for local anesthesia as a separate procedure (See 130 CMR 420.413).

(B) Documentation. The provider must maintain a completed anesthesia flowsheet in the member's dental record for each procedure requiring the use of anesthesia. In addition, the provider must document the following in the member's dental record:

(1) the beginning and ending times of deep sedation/general anesthesia, IV moderate sedation/analgesia, or inhalation of nitrous oxide analgesia procedure. The anesthesia time begins when the provider administers the anesthetic agent. The provider is required to follow the non-invasive monitoring protocol and remain in continuous attendance of the member. Anesthesia services are considered completed when the member may be safely left under the observation of trained personnel and the provider may safely leave the room. The level of anesthesia is determined by the provider's documentation and consideration of the member's history with anesthesia and anesthetic effects upon the central nervous system and is not dependent upon the route of administration;

(2) preoperative, intraoperative, and postoperative vital signs;

(3) medications administered, including their dosages and routes of administration;

(4) monitoring equipment used;

(5) a statement of the member's response to the analgesic or anesthetic used including any complication or adverse reaction; and

(6) a record of the member's history with anesthesia or analgesics.

Additionally, subchapter 6 of MassHealth's Dental Manual and the MassHealth Dental Program

Office Reference Manual (ORM) contains information for providers in submitting claims to MassHealth. 130 CMR 420.410(C). It is the provider's responsibility to submit a claim to MassHealth following the instructions in all provider manuals. *Id.* A provider may be sanctioned by MassHealth for billing a member for services payable under MassHealth. 130 CMR 450.204(B)(1).

Per the current ORM, service code D9420 is not listed as a covered code for any members of any coverage type. However, service code D9920 is covered for MassHealth members under the age of 21 under the ORM.

Here, there is no dispute that the anesthesia service provided to Appellant was medically necessary. MassHealth denied the provider's request for coverage of service code D9420 because this is not a covered service. The Benecare representatives testified that had the provider followed the ORM and billed the correct code for Appellant's anesthesia service, code D9920, it would have been authorized. Accordingly, MassHealth did not err in denying the submitted request and the appeal is denied.

Appellant's father raised credible concerns about how the provider treated them. This hearing decision cannot address the specific concerns raised, as they were the actions of a provider and not MassHealth. However, Appellant's father is encouraged to report inappropriate behavior to MassHealth or the Board of Registration of in Dentistry (BORID). If Appellant is billed for the service incorrectly coded by the provider, the provider may be subject to sanctions by MassHealth for billing a member for a payable service pursuant to 130 CMR 450.204(B)(1).

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare, Attn: Jhanelle Boapea