

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2204876

Decision Date: 9/21/2022

Hearing Date: 09/02/2022

Hearing Officer: Alexis Demirjian

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Michael Jacques



*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:	Authorization Crown
Decision Date:	9/21/2022	Hearing Date:	09/02/2022
MassHealth's Rep.:	Dr. Michael Jacques	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 1 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 June 21, 2022, MassHealth denied the appellant's request for service D2740, specifically a placement of a crown on tooth 14. (see 130 CMR 420.425 and Exhibit 2). The appellant filed this appeal in a timely manner on June 29, 2022. 130 CMR 420.425 and Exhibit 2).¹ Challenging the denial of assistance is valid grounds for appeal to the Board of Hearings. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's request for approval of the prior authorization request for a crown (porcelain/ceramic) for tooth 14.

¹ In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, and restated in MassHealth Operations Memo (EOM) 20-10 dated August 1, 2022, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends;
 - All appeal hearings will be telephonic; and
 - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant did not qualify for the service.

Summary of Evidence

Appellant is a MassHealth member over the age of 21 who represented herself at hearing. MassHealth was represented at hearing by Dr. Jacques, as a consultant for DentaQuest, the entity that has contracted with MassHealth agency to administer and run the agency's dental program for MassHealth members. All parties testified telephonically.

Dr. Jacques testified that on or about June 21, 2022, the Appellant's dentist requested Service Code D2740 for a crown (porcelain/ceramic) on tooth 14.

Dr. Jacques explained that MassHealth has set an objective standard, found within the MassHealth Office Reference Manual for Dental Providers, hereinafter referred to as the "Office Reference Manual", that determines whether the requested treatment of a porcelain/ceramic crown should be approved. MassHealth only pays for this procedure, per patient, per tooth, once every 60 months. MassHealth had paid for this procedure on the same tooth on or about August 4, 2021. Accordingly, the service requested exceeded the Appellant's benefit allowance.

The Appellant testified that a prior dentist had requested a crown be placed on tooth 14 and that the dentist never set the crown correctly. The Appellant visited the dentist on two or more occasions to have him reposition the crown, but the Appellant never felt like it was properly placed. The Appellant sought treatment with a new dentist who informed the Appellant that the crown was positioned too high and readjusted the crown. In or around April 2022, the crown cracked. The Appellant's dentist then sought preauthorization from MassHealth for service D2740 to replace the cracked crown that had been placed in August 2021. The Appellant testified that she is aware of the time limitations on obtaining a replacement crown, but she has recently undergone heart surgery and it is imperative that she avoid infections.

Dr. Jacques testified that the Appellant's dentist did not include a medical necessity narrative to explain why the procedure should be approved despite the benefit limitations.

The Appellant was informed that if she feels the crown was not properly installed, she may file a MassHealth Member Dental Complaint.² Complaints may be mailed to: MassHealth Dental Program, Attention: Intervention Services, P.O. Box 9708, Boston, MA 02114-9708.

² A copy of that complaint form may be found at www.masshealth-dental.net/MassHealth/media/Docs/Member-Complaint-Form.pdf (last viewed on September 20, 2022).

Findings of Fact

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

1. On or about June 21, 2022, the Appellant's dentist submitted a request for service for D2740, specifically a crown (porcelain/ceramic) for tooth 14. (Testimony and Exhibit 3)
2. On or about August 4, 2021, MassHealth approved and paid for a crown on the Appellant's tooth 14. (Testimony and Exhibit 3)
3. The Appellant had multiple readjustments of the crown placed on tooth 14. (Testimony)
4. On or about April 2022, the crown on tooth 14 cracked. (Testimony)
5. The Appellant's dentist did not submit a medical necessity narrative. (Testimony and Exhibit 3)

Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program pays only 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.,³ covered services for certain dental treatments, including periodontal scaling, are subject to the relevant limitations of 130 CMR 42.421 through 420.456. See 130 CMR 420.421 (A) through (C). 130 CMR 420.425 contains the relevant description and limitations for restorative services including crowns. As to crown requests for members over the age of 21, that regulation reads in relevant part as follows:

420.427: Service Descriptions and Limitations: Restorative Services ...

(C) Crowns, Post and Cores.

(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:

³ 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual ("Dental ORM" or "Dental Office Reference Manual") publication 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 (including the HLD form), and service codes found in related subchapters and appendices. See <https://www.mass.gov/lists/dental-manual-for-masshealth-providers> (last viewed on September 12, 2022).

- (a) crowns porcelain fused to predominantly base metal;
- (b) crowns made from porcelain or ceramic;
- (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. sever physical disabilities such as quadriplegia;
 - 5. profound intellectual or developmental disabilities; or
 - 6. profound mental illness; and
- (d) posts and cores and /or pin retentions.

130 CMR 450.204 speaks to the medical necessity issue for all MassHealth providers. 130 CMR 450.204 reads in relevant part as follows:

450.204: Medical Necessity

The MassHealth agency does not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

- 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: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits.
- B) **Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality.** A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)
- D) **Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.**

(**Bolded** emphasis added.)

The Dental ORM which is incorporated and referenced by earlier parts of the MassHealth Dental Regulations, see e.g., 130 CMR 420.410(A) through (C). The Dental ORM contains many of the

detailed standards and guidelines in a format created for all MassHealth dental providers.

14.02 Cast Crowns

Some procedures require prior authorization documentation. **Please refer to Exhibits A- E for specific information needed by code. (D2999)**

Documentation needed for procedure:

- Appropriate pre-operative radiographs showing clearly the adjacent and opposing teeth should be submitted: minimally two bitewings, and at least one periapical; or panoramic radiograph.

Criteria for Cast Crowns

- In general, the criteria for crowns will be met only for permanent teeth needing multi-surface restorations where other restorative materials have a poor prognosis.
- Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma and should involve four or more surfaces and two or more cusps.
- Permanent bicuspid teeth must have pathologic destruction to the tooth by MassHealth Dental Program June 7, 2022 Current Dental Terminology © American Dental Association. All Rights Reserved. Health Safety Net Dental Program 32 caries or trauma and should involve three or more surfaces and at least one cusp.
- Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma and must involve four or more surfaces and at least 50% of the incisal edge.

A request for a crown following root-canal therapy must meet the following criteria:

- The request should include a dated post-endodontic radiograph.
- The tooth should be filled sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex.
- The filling must be properly condensed/obturated. Filling material should not extend excessively beyond the apex.

To meet the criteria, a crown must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture.

- The patient must be free from active and advanced periodontal disease.
- The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.
- Cast crowns on permanent teeth are expected to last, at a minimum, five years.

Payment for crowns will not meet criteria if:

- a lesser means of restoration is possible
- the tooth has subosseous and/or furcation caries
- the tooth has advanced periodontal disease • the tooth is a primary tooth; or
- crowns are being planned to alter vertical dimension

Exhibits A-E of the Dental ORM provide the limitations of the services covered by MassHealth and provide that for individuals 21 years or older that MassHealth will only cover a D2740 crown - porcelain/ceramic 21 once per 60 Month(s) per patient, per tooth.

In reviewing this matter, I conclude that MassHealth has laid out a consistent and detailed standard regarding the medical necessity for this service which it applied here to Appellant's submission before reviewing and ultimately denying this request. The Appellant's treating dentist did not include a medical necessity narrative to explain why this service should be authorized despite the clear time limitations found the Dental ORM. Accordingly, the record before this Hearing Officer is sufficient to affirm that MassHealth's decision was correct. Therefore, 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.

Alexis Demirjian
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA