

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2205131
Decision Date:	9/20/2022	Hearing Date:	08/26/2022
Hearing Officer:	Alexis Demirjian		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Dr. Cynthia Yered



*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:	Crown
Decision Date:	9/20/2022	Hearing Date:	08/26/2022
MassHealth's Rep.:	Dr. Cynthia Yered	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 5 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 14, 2022, MassHealth denied the appellant's request for D2751 service, specifically a placement of a crown on tooth 2. (see 130 CMR 420.425 and Exhibit 2). The appellant filed this appeal in a timely manner on July 11, 2022. (see 130 CMR 610.015(B) 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 porcelain crown fused to a metal base for tooth 2.

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 himself at hearing. MassHealth was represented at hearing by Dr. Yered, 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. Yered testified that on or about June 14, 2022, the Appellant's dentist had requested Service Code D2751 for a crown, porcelain fused to predominantly base metal on tooth 2.

Dr. Yered 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 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 April 27, 2022. 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 2. That dentist sought preauthorization from MassHealth, which was approved, and placed a crown on that tooth. The Appellant testified that he did not believe the crown was properly installed and that he is unable to chew food. The Appellant testified that he raised the issue with the dentist, because of that discussion the Appellant filed a complaint with the Massachusetts Department of Public Health.

The Appellant was informed that if he feels the crown was not properly installed, he 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.

Findings of Fact

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 19, 2022).

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

1. On or about June 15, 2022, the Appellant's dentist put in an authorization request for procedure D2751, specifically crown – porcelain fused to predominantly base metal on tooth 2. (Testimony and Exhibit 3)
2. On or about April 27, 2022, MassHealth authorized and paid for the same procedure on tooth 2.
3. The Appellant had a crown placed on tooth 2.

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, bicuspids, and first and second molars:

- (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;

³ 130 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).

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.

The Dental ORM provides the following:

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

(Bolded emphasis added)

Exhibit B of the Dental ORM is the chart of benefits covered for adults. Dental ORM, Exhibit B, provides that D2751, the service requested by the Appellant's dentist, is authorized only 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 evidence shows that MassHealth authorized and paid for the same service within 60 months of the June 14, 2022 request for service. Accordingly, the June 14, 2022 service request exceeded the Appellant's benefits. 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