

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2207517
Decision Date:	12/29/2022	Hearing Date:	11/18/2022
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sheldon Sullaway, D.M.D.



*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
Decision Date:	12/29/2022	Hearing Date:	11/18/2022
MassHealth's Rep.:	Sheldon Sullaway, D.M.D.	Appellant's Rep.:	<i>Pro se</i>
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 September 28, 2022, MassHealth denied Appellant's prior authorization request for retreatment of previous root canal therapy (code D3348) because it determined that the requested service did not meet benefit criteria. See Exhibits 2 & 4, p. 3. Appellant filed a timely appeal on October 7, 2022. See 130 CMR 610.015(B) and Exhibit 1. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for retreatment of a previous root canal therapy because it determined that the services did not meet benefit criteria.

Issue

The appeal issue is whether MassHealth correctly denied Appellant's prior authorization request for retreatment of previous root canal therapy?

Summary of Evidence

At hearing, MassHealth was represented by Sheldon Sullaway, D.M.D., a licensed dental consultant from DentaQuest. DentaQuest is the third-party contractor that administers and manages the MassHealth dental program. Through oral testimony and documentary submissions, MassHealth presented the following evidence: Appellant is a MassHealth member over the age of 21. On September 28, 2022, Appellant, through her provider at Harvard Dental School (HDS), submitted a prior authorization (PA) request for procedure code D3348 – retreatment of previous root canal therapy-molar (tooth 18). See Exh. 4, p. 3. On September 28, 2022, MassHealth notified Appellant and her provider that coverage of the requested service was denied because it did not meet benefit criteria. Id. The MassHealth representative testified that pursuant to the MassHealth Dental Program Office Reference Manual (ORM), the requested retreatment service is not payable to the same provider that performed the therapy within 24 months of the initial root canal. Dr. Sullaway testified that according to the PA documents and claims history, Appellant underwent a root canal on tooth 18 on May 13, 2021, which was performed by HDS. The original root canal was covered and MassHealth paid the provider accordingly. Because the same provider – Harvard Dental School - was seeking approval for a retreatment of the original treatment rendered within 24 months, the benefit criteria was not met, and the PA was denied.

Appellant appeared at the hearing by telephone and testified that the requested treatment is necessary and should be covered. After undergoing the initial root canal on tooth 18 by HDS, she began experiencing pain and issues with the tooth. The crown that had been placed on her tooth subsequently fell off, she was in severe discomfort, and she developed an infection. Because the infection required immediate intervention, she had no other option but to go forward with the repair. Appellant testified that HDS completed the retreatment about two weeks prior to this hearing. Although the requested treatment was already rendered, Appellant felt MassHealth should cover it because it was medically necessary.

Findings of Fact

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

1. Appellant is a MassHealth member over the age of 21.
2. On September 28, 2022, Appellant, through her provider at HDS, submitted a PA request for procedure code D3348 – retreatment of previous root canal therapy-molar (tooth 18).
3. On September 28, 2022, MassHealth notified Appellant and her provider that coverage of the requested service was denied because it did not meet benefit criteria.
4. Appellant underwent a root canal on tooth 18 on May 13, 2021, which was performed by HDS.
5. The original root canal was covered by MassHealth and MassHealth paid the provider accordingly.

6. After Appellant had the root canal, she began experiencing pain and developed an infection.
7. Because treatment of the infection was time sensitive, Appellant had her provider at HDS complete the retreatment of the root canal prior to this hearing.

Analysis and Conclusions of Law

This appeal concerns whether MassHealth correctly denied Appellant's request for coverage of dental procedure code D3348 - retreatment of previous root canal therapy-molar (tooth 18). Pursuant to regulation, MassHealth will pay for endodontic services for all MassHealth members in accordance with applicable service descriptions and limitations. See 130 CMR 420.426. With respect to coverage of endodontic root canal therapy and retreatments, MassHealth regulations provide, in relevant part, the following:

(B) Endodontic Root Canal Therapy.

(1) General Conditions.

- (a) Payment by the MassHealth agency for root canal therapy includes payment for all preoperative and postoperative treatment; diagnostic (for example, pulp vitality) tests; and pretreatment, treatment, and post-treatment radiographs and anesthesia. MassHealth does not pay for pulpotomy as a separate procedure from root canal therapy.
- (b) The provider must maintain a radiograph of the completed root canal in the member's dental record.
- (c) The MassHealth agency pays for root canal therapy on permanent anterior teeth, bicuspid, and first and second molars but does not pay for root canal therapy on third molars. Root canal therapy is limited to the permanent dentition only if the periodontal condition of the remaining dentition and soft tissue are stable with a favorable prognosis.

(C) Endodontic Retreatment.

- (1) The MassHealth agency pays for endodontic retreatment of permanent anterior, bicuspid, and first and second molar teeth for all MassHealth members.*** This procedure may include the removal of a post, pins, old root canal filling material, and the procedures necessary to prepare the canals and place the canal filling.
- (2) Payment includes all retreatments within 24 months of the original root canal.***

130 CMR 420.426(B) (emphasis added).

The limitation on endodontic retreatments is further addressed in the MassHealth Dental Program Office Reference Manual (ORM). According to the ORM, retreatment of previous root canal therapy – molar (code D3348) for MassHealth members 21 years of age and older is “not payable to the same provider who performed the original endodontic therapy...within 24 months.” See MassHealth ORM, p. 117 (June 7, 2022).

According to evidence presented in this appeal, Appellant’s provider at Harvard Dental School, performed an initial root canal on Appellant (tooth 18) on May 13, 2021. MassHealth covered the May 13, 2021 service and paid her dental provider accordingly. Pursuant to the above regulatory authority, this payment covered all preoperative and postoperative root canal treatments, as well as “all retreatments [performed] within 24 months of the original root canal.” 130 CMR 420.426(C)(2). On September 28, 2022, the same provider requested retreatment of the original root canal for tooth 18. Because the original root canal therapy was performed within 24 months of the requested retreatment, MassHealth appropriately denied her September 28th prior authorization request. See id.

For these reasons, 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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA