

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2208307

**Decision Date:** 1/18/2023

**Hearing Date:** December 16, 2022

**Hearing Officer:** Brook Padgett

**Appellant Representative:**

Pro se

**MassHealth Representative:**

Sheldon Sullaway, D.M.D.



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> floor  
Quincy, MA 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	130 CMR 420.427
<b>Decision Date:</b>	1/18/2023	<b>Hearing Date:</b>	December 16, 2022
<b>MassHealth Rep.:</b>	Dr. Sullaway, D.M.D.	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield		

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

The Appellant received a notice dated September 19, 2022 stating: Your request for prior authorization for crown lengthening has been denied. (Exhibit 1).

The Appellant filed this appeal timely on November 07, 2022. (130 CMR 610.015(B); Exhibit 2).<sup>1</sup>

Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by MassHealth

The Appellant's request for prior authorization for a crown lengthening on tooth #3 was denied.

## Issue

Is the Appellant eligible for the requested service?

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<sup>1</sup> MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, states: 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.

## Summary of Evidence

The MassHealth representative, a licensed dentist testified the Appellant's dental provider submitted a prior authorization (PA) request for crown lengthening of tooth #3 (D4249). The representative stated the request was denied as the procedure is not a MassHealth covered service.

The Appellant testified that when she was living in Spain, she was told by her dentist she must have the procedure or she would lose the tooth. The Appellant stated she has already lost one tooth on the top and one on the bottom and she doesn't want to lose anymore. The Appellant argued that her request is not for looks but for her health and the tooth is effecting her digestion and ability to eat.

MassHealth responded that this procedure is a covered service only for those under 21 years of age who can demonstrate a medical necessity. The Appellant is 41 years old and so is not eligible for this service. MassHealth stated the tooth below tooth #3 is missing so whether the tooth remains or is removed it will not affect the Appellant's ability to chew.

## Findings of Fact

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

1. On September 20, 2022 the Appellant submitted a PA for crown lengthening of tooth #3. (Exhibit 1).
2. MassHealth does not pay for services not listed in Subchapter 6 of the Dental Manual except when medically necessary for members under age 21. (130 CMR 420.421).
3. Crown lengthening (D4249) is not listed in Subchapter 6 of the Dental Manual.
4. The Appellant is over the age of 21.

## Analysis and Conclusions of Law

130 CMR 420.421(F) governs the authorization of covered and noncovered services. This regulation states that MassHealth will not authorize the payment for services not listed in Subchapter 6 of the Dental Manual 130 CMR 420.421(B)(13).

### 130 CMR 420.421: Covered and Noncovered Services: Introduction

(A) Medically Necessary Services. **The MassHealth agency pays for the following dental services when medically necessary:**

- (1) **the services with codes listed in Subchapter 6 of the Dental Manual**, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456; and
- (2) all services for EPSDT-eligible members, in accordance with 130 CMR 450.140 through 450.149, without regard for the service limitations described in 130 CMR 420.422 through 420.456, or the listing of a code in Subchapter 6. All such services are available to EPSDT

eligible members, with prior authorization, even if the limitation specifically applies to other members under age 21.

**(B) Noncovered Services. The MassHealth agency does not pay for the following services for any member, except when medically necessary for members under age 21 with prior authorization.**

- (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) chair-side relines;
- (4) counseling or member-education services;
- (5) habit-breaking appliances;
- (6) implants of any type or description;
- (7) laminate veneers;
- (8) oral hygiene devices and appliances, dentifrices, and mouth rinses;
- (9) orthotic splints, including mandibular orthopedic repositioning appliances;
- (10) panoramic films for crowns, endodontics, periodontics, and interproximal caries;
- (11) root canals filled by silver point technique, or paste only;
- (12) tooth splinting for periodontal purposes; and
- (13) any other service not listed in Subchapter 6 of the Dental Manual** (*Emphasis added*).

The Appellant's is over 21 years of age and her request for crown lengthening of tooth #3 is not listed as a covered service in Subchapter 6 of the Dental Manual. As a result this appeal must be 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.

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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: MassHealth representative DentaQuest