

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2209037
<b>Decision Date:</b>	1/27/2023	<b>Hearing Date:</b>	January 13, 2023
<b>Hearing Officer:</b>	Brook Padgett		

**Appellant Representative:**

Pro se

**MassHealth Representative:**

Dr. 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 420.425
<b>Decision Date:</b>	1/27/2023	<b>Hearing Date:</b>	January 13, 2023
<b>MassHealth Rep.:</b>	Dr. Sullaway, D.M.D.	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy		

## 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 November 17, 2022, stating: Your request for prior authorization for a replacement crown on tooth #2 has been denied. (Exhibit 1).

The Appellant filed this appeal timely on December 05, 2022. (130 CMR 610.015(B); Exhibit 2).<sup>1</sup>

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

## Action Taken by MassHealth

MassHealth denied the Appellant's request for a replacement crown on tooth #2.

## Issue

Did MassHealth correctly deny the Appellant's prior authorization request?

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<sup>1</sup> Although this action was appealed outside of the 30-day regulatory time limits; the request was considered timely as the timeline to appeal was extended to 120 days due to COVID 19.

## Summary of Evidence

The MassHealth representative, a licensed dentist, testified that the Appellant's dental provider submitted a prior authorization (PA) request for a replacement crown to be placed on tooth #2. Attached to the Appellant's PA request was a completed Supplemental Dental Prior Authorization Form. The representative explained that the Appellant is over 21 years of age and program limitations indicate that the Appellant's requested procedure of a replacement crown (D2740) can only be authorized once every 60 months (DentaQuest Dental Manual June 01, 2022, p.116 of 209). The record indicates the Appellant had a crown placed on tooth #2 on June 17, 2021 and is therefore ineligible for a replacement at this time. MassHealth submitted into evidence Appellant's PA request (Exhibit 4).

The Appellant testified that the crown is causing him a lot of problems and pain and needs to be replaced. The Appellant stated he was seen by a different dentist than the one who put on the crown and was told the current crown creates food impaction along with difficulty flossing and as a result it has caused infection. The Appellant stated he cannot go back to the dentist who initially put on his crown to rectify the situation as he has filed a complaint against him with the Dentistry Board as he is responsible for a number of issues including this problem. The Appellant argued he needs this crown replaced so he can properly eat.

MassHealth responded that tooth #2 is an upper back molar and appears to only touch a quarter of the tooth below it. As a result tooth #2 has little effect on the Appellant's ability to chew and for aesthetic purposes cannot be seen. Further based on the x-rays there may be a root fracture of the tooth and it may not be suitable for a crown. MassHealth stated while there is no question the Appellant should try to keep every tooth he has for as long as he can, if the tooth is giving him pain and it has a root fracture it may be more appropriate to remove the tooth.

The Appellant responded that he wants to keep the tooth and although he has had a root canal, he has pain and is sensitive to cold.

## Findings of Fact

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

1. The Appellant is over 21 years of age. (Exhibit 4).
2. The Appellant submitted a PA for a crown on tooth #2. (Exhibit 4 and Testimony).
3. The Appellant had a crown placed on tooth #2 on June 17, 2021. (Testimony)
4. MassHealth will pay for a crown only once every 60 months.

## Analysis and Conclusions of Law

The Appellant's dental provider submitted a PA request for a replacement crown for tooth #2. MassHealth approves crowns for individual's over 21 only if they meet a medical condition listed in 130 CMR 420.425(D)(4)(a-f). The Appellant, who is over 21, is requesting a replacement of a crown. There is no evidence in the record the Appellant meets any of the conditions of (a-f) further the MassHealth/DentaQuest program manual indicates a crown (D2740), can only be authorized once every 5 years (60 months). The record indicates the Appellant had a crown placed on tooth #2 on June 17, 2021 and is therefore is ineligible for a replacement of the crown at this time.

### 130 CMR 420.425: Service Descriptions and Limitations: Restorative Services

The MassHealth agency considers all of the following to be components of a completed restoration and includes them in the fee for this service: tooth and soft-tissue preparation, cement bases, etching and bonding agents, pulp capping, impression, local anesthesia, and polishing. The MassHealth agency does not pay for restorations replaced within one year of the date of the completion of the original restoration.

#### (D) Root canal therapys, Posts, and Cores.

(1) Crowns, posts, and cores require prior authorization from the MassHealth agency. For crowns, posts, and cores, the MassHealth agency grants prior-authorization requests only when both the prognosis of the tooth and remaining dentition is excellent, and then only when the MassHealth agency determines that conventional restorations cannot be placed due to extensive loss of tooth structure, or when an amalgam or a composite restoration with pins will not withstand the forces of mastication. Acrylic jacket crowns (laboratory processed only) are covered for members under age 21 only.

(4) Members aged 21 years and older are eligible for crowns on anterior teeth only, subject to prior authorization. The MassHealth agency does not pay for crowns for a posterior tooth unless extraction (the alternative treatment) would cause undue medical risk for a member with or more specific medical conditions. The prior-authorization request must include documentation of these medical conditions, which include, but are not limited to:

- (a) hemophilia;
- (b) history of radiation therapy;
- (c) acquired or congenital immune disorder;
- (d) severe physical disabilities such as quadriplegia;
- (e) profound mental retardation; and
- (f) profound mental illness.

MassHealth correctly denied the Appellant's request for a replacement crown for tooth #2 and 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.

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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: DentaQuest