

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2301299
<b>Decision Date:</b>	5/12/2023	<b>Hearing Date:</b>	03/24/2023
<b>Hearing Officer:</b>	Kimberly Scanlon		

**Appearance for Appellant:**

*Via telephone*



**Appearance for MassHealth:**

*Via telephone*

Dr. Sheldon Sullaway



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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization – Adult Dental
<b>Decision Date:</b>	5/12/2023	<b>Hearing Date:</b>	03/24/2023
<b>MassHealth’s Rep.:</b>	Dr. Sullaway	<b>Appellant’s Rep.:</b>	<i>Pro se</i> ; Spouse
<b>Hearing Location:</b>	Quincy Harbor South 1 (Remote)	<b>Aid Pending:</b>	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 January 26, 2023, MassHealth denied the Appellant’s prior authorization (PA) request for a porcelain to ceramic crown because it determined that the Appellant received this service already within the allowable time frame (once every 60 months). (130 CMR 420.425; Exhibit 1). The Appellant filed this appeal in a timely manner on February 6, 2023. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the Appellant’s PA request for a porcelain to ceramic crown (for tooth number 18) because the agency had paid for a crown within the past 60 months, or 5 years.

## Issue

The appeal issue is whether MassHealth was correct in denying the Appellant’s request for a porcelain to ceramic crown at this time because it had already paid for a crown within the past 60 months.

## Summary of Evidence

The Appellant is a MassHealth member over the age of 21 who appeared at the hearing telephonically with his spouse. MassHealth was represented telephonically at the hearing by Dr. Sheldon Sullaway, a consultant for DentaQuest which is the entity that has contracted with the MassHealth agency to administer and run the agency's dental program for MassHealth members. Dr. Sullaway testified that MassHealth only pays for Procedure Code D2740 (a crown porcelain to ceramic for the Appellant's tooth, number 18) once per every 60 months, or 5 years. According to the records provided to DentaQuest, the Appellant received a crown for that tooth on August 16, 2022<sup>1</sup>

The Appellant testified that he had numerous problems with that particular tooth as it was causing pain and blood. In response, the MassHealth representative suggested that the Appellant immediately call his dental provider for emergency treatment in order to alleviate his pain. Upon inquiry, the Appellant's spouse explained that the Appellant's former dental provider wanted to pull the tooth in question because he could not correct what was wrong. Therefore, the Appellant sought a different dentist who was able to fix his tooth and made a new crown. After several visits and subsequent placement of the crown, the Appellant is no longer in pain. The MassHealth representative explained that while it is imperative to keep the Appellant comfortable and pain free, the Appellant's dentist made and placed the crown prior to receiving authorization. In response, the Appellant's spouse testified that the new dental provider was trying to assist the Appellant and therefore looked towards the humanity side before the payment side of treatment. The Appellant is unable to pay his dentist for his new crown because his spouse had to leave work to care for him. The Appellant also has a child with cardiac problems. The MassHealth representative suggested that the Appellant's current dental provider attempt to resolve the payment issue since he already made the crown prior to receiving authorization to do so. The Appellant testified that his current dentist fixed his tooth and helped him become pain free.

## **Findings of Fact**

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

1. The Appellant is an adult MassHealth member. (Testimony; Exhibit 3).
2. On or about January 26, 2023, MassHealth received a prior authorization request from the Appellant's dental provider seeking coverage for a crown (porcelain to ceramic) for the Appellant's tooth (number 18). (Testimony; Exhibit 1; Exhibit 4).
3. MassHealth denied the request on or about January 26, 2023 because it had already paid for a crown for the Appellant's tooth (number 18) within the past 5 years. (Testimony).
4. The Appellant received a crown in 2022 for tooth number 18 from his former dental provider which caused bleeding and pain in his tooth. (Testimony).

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<sup>1</sup> DentaQuest did not provide any written record of the August 16, 2022 date in its submission for a hearing (See, Exhibit 5) however, the Appellant did not contest the testimony given at the hearing.

5. The Appellant's current dental provider alleviated the pain and bleeding by fixing the Appellant's tooth (number 18) and replacing the crown, prior to receiving authorization. (Testimony).

## 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.,<sup>2</sup> covered services for certain dental treatments are subject to the relevant limitations of 130 CMR 420.421 through 420.456. 130 CMR 420.421(A) and (C) provides the relevant introduction to service limitations for members over the age of 21:

### 420.421: Covered and Non-covered 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 younger than 21 years old.

...

(C) Covered Services for All Members 21 Years of Age or Older. The MassHealth agency pays for the services listed in 130 CMR 420.422 through 420.456 for all members 21 years of age or older in accordance with the service descriptions and limitations set forth therein:

- (1) diagnostic services as described in 130 CMR 420.422;
- (2) radiographs as described in 130 CMR 420.423;
- (3) preventive services as described in 130 CMR 420.424;
- (4) restorative services as described in 130 CMR 420.425;
- (5) endodontic services as described in 130 CMR 420.426;
- (6) periodontal services as described in 130 CMR 420.427;
- (7) prosthodontic services as described in 130 CMR 420.428;

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<sup>2</sup> 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual ("Dental ORM" or "Dental Office Reference Manual") 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, and service codes found in related subchapters and appendices.

- (8) oral surgery services as described in 130 CMR 420.430;
- (9) anesthesia services as described in 130 CMR 420.452;
- (10) oral and maxillofacial surgery services as described in 130 CMR 420.453;
- (11) maxillofacial prosthetics as described in 130 CMR 420.455;
- (12) behavior management services as described in 130 CMR 420.456(B);
- (13) palliative treatment of dental pain or infection services as described in 130 CMR 420.456(C); and
- (14) house/facility call as described in 130 CMR 420.456(F).

Additionally, 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, 130 CMR 420.425(C)(2) states:

- (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:
  - (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. severe physical disabilities such as quadriplegia;
    - 5. profound intellectual or developmental disabilities; or
    - 6. profound mental illness; and
  - (d) posts and cores and/or pin retention.

Moreover, the Dental Manual further explains porcelain/ceramic crowns, (Procedure Code D2740) and the MassHealth benefit limitations for MassHealth members. Specifically, Procedure Code D2740 for crown-porcelain/ceramic for MassHealth members 21 years of age and older for teeth numbers 2-15, 18-31 are covered once per 60 months per patient per tooth. (See, p, 113 of the Dental Manual<sup>3</sup>).

In the present case, the Appellant's current dental provider made and inserted another crown prior to receiving authorization, within the 60-month benefit limitation period. While it is understandable that it was done so in order to assist the Appellant in alleviating his discomfort, unfortunately that does not serve as a separate basis for approval. This appeal is denied.<sup>4</sup>

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<sup>3</sup> The Delta Manual can be found at: <https://masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>

<sup>4</sup> This denial does not preclude the Appellant from contacting his dental provider in order to ascertain whether other

## **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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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA

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payment arrangements can be made in a manner that is affordable, if he so chooses.