

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2303643
Decision Date:	6/26/2023	Hearing Date:	06/23/2023
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sheldon Sullaway, DMD, DentaQuest



*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:	Prior Authorization
Decision Date:	6/26/2023	Hearing Date:	06/23/2023
MassHealth's Rep.:	Sheldon Sullaway, DMD, DentaQuest	Appellant's Rep.:	Pro se
Hearing Location:	Remote		

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 30, 2023, MassHealth denied Appellant's prior authorization request for a crown (130 CMR 420.425 and Exhibit 1). Appellant filed this appeal on May 3, 2023 (Exhibit 2). 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 a crown.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.425, in denying Appellant's prior authorization request for a crown.

Summary of Evidence

MassHealth was represented by a licensed dental consultant who appeared by telephone and testified to 40 years of clinical experience, and status as a professor of dental medicine at Tufts University Dental School. On January 31, 2023, a prior authorization request was submitted on Appellant's behalf for procedure code D2740, a crown on tooth #13. Appellant is over 21 years of age. The MassHealth representative testified that the request was denied pursuant to 130 CMR 420.425, and the MassHealth Office Reference Manual for dental providers which provides that crowns for members over 21 years of age are covered every 60 months or 5 years. Tooth #13 is Appellant's upper left bicuspid, which X-Rays show has been root canaled. MassHealth records show that a crown was paid for by MassHealth on July 6, 2021. Because 60 months have not elapsed since the placement of the crown, the request was denied.

Appellant appeared by telephone and testified that in 2020 she had a crown placed on tooth #13 and paid \$1,500 to the dental provider because MassHealth did not cover crowns at the time. In 2021 tooth #13 became infected and the crown failed. She went to the same dental provider with the understanding that he would replace the crown at no expense. Appellant stated that unknown to her, the provider billed MassHealth for the replacement crown on tooth #13. She stated that she did not authorize the dental provider to bill MassHealth for the replacement crown, which should have been replaced at no charge. In January 2023, Appellant's crown on tooth #13 dislodged and is now lost. Appellant expressed that the provider should have replaced the original crown that she paid for out of pocket without billing MassHealth. Therefore, she asserted that MassHealth should authorize payment for the replacement crown through her new dental provider.

The MassHealth representative stated that Appellant may wish to address her provider-related complaint to:

Member Complaint Department
1-800-207-5019/MassHealth Dental Program,
Intervention Services, P.O. Box 9708, Boston, MA 02114-5019.

Findings of Fact

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

1. On January 31, 2023, a prior authorization request was submitted on Appellant's behalf for procedure code D2740, a crown on tooth #13.
2. Appellant is over 21 years of age.
3. Tooth #13 is Appellant's upper left bicuspid, which X-Rays show has been root canaled.

4. A crown on tooth #13 was paid for by MassHealth on July 6, 2021.

Analysis and Conclusions of Law

Pursuant to 130 CMR 420.425(C)(2), for members over 21 years of age, 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.

MassHealth regulations effective October 15, 2021 allow payment for crowns for members over 21 years age.¹ The Dental Manual for MassHealth Providers limits service code D2740 to once every 60 months for members over 21 years of age.² MassHealth paid for a crown on tooth #13 on July 6, 2021; therefore, the MassHealth determination denying prior authorization on January 31, 2023 is correct as 5 years have not elapsed. Appellant's complaints against the provider who initially placed the crown in 2020 and replaced the crown in 2021 and billed MassHealth for the covered service cannot be adjudicated here as the matter on appeal concerns only the denial of prior authorization submitted on January 31, 2023, which was denied due to restrictions on D2740 to once every 5 years. However, Appellant may wish to contact the Member Complaint Department as indicated by the MassHealth representative.³

Because the MassHealth action limiting dental code D2750 to once every 5 years is correct, the appeal is DENIED.

¹ Dental Service Code D2740 appears in the Dental Manual as a covered service for members over 21 years of age effective January 1, 2022. See MassHealth Transmittal Letter DEN-112 January 2022.

² See MassHealth Transmittal Letter DEN-113 January 2023: Subchapter 6, Service Codes, Restorative Services, Code D2750. The Dental Manual is available at: <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>.

³ See Summary of Evidence.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA