

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304184
Decision Date:	08/08/2023	Hearing Date:	06/23/2023
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sheldon Sullaway, DDS (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:	Dental Services; Prior Authorization
Decision Date:	08/08/2023	Hearing Date:	06/23/2023
MassHealth's Rep.:	Sheldon Sullaway, DDS	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	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 April 21, 2023, MassHealth denied Appellant's prior authorization (PA) request for coverage of *procedure code D2740 - porcelain/ceramic crown (Tooth 5)* because the agency determined that Appellant exceeded the service benefit limit. See 130 CMR 420.428 and Exhibits 1 and 4. Appellant filed this appeal in a timely manner on May 21, 2023. See 130 CMR 610.015(B) and Exh. 2. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's PA request for coverage of *procedure code D2740 - porcelain/ceramic crown (Tooth 5)*

Issue

The appeal issue is whether MassHealth was correct in denying Appellant's request for a *porcelain/ceramic crown (Tooth 5)* on the basis that Appellant exceeded the benefit limitation for this service.

Summary of Evidence

The MassHealth representative, Sheldon Sullaway, DDS, a Massachusetts licensed dentist and consultant for DentaQuest, appeared at the hearing by telephone. DentaQuest is the agent that administers and manages MassHealth's dental program. Through testimony and documentary submissions, Dr. Sullaway presented the following evidence: Appellant is a MassHealth adult member over the age of 21. See Exh. 4 & 5. On April 21, 2023, Appellant's dental provider submitted a prior authorization (PA) request on behalf of Appellant seeking coverage for procedure *D2740 – Crown – porcelain/ceramic* for tooth 5. See Exh. 4, p. 4. On April 21, 2023, MassHealth denied the PA request based on the reason that the services "exceeds [the] benefit allowance" which is "limited to one per every 60 months." Id. at 3.

Dr. Sullaway testified that MassHealth's dental regulations and its dental program office reference manual (ORM) limit members coverage for this service to once per 60-months (or 5-years), per-tooth. According to records, Appellant had a crown placed on tooth #5 within the last few years and his provider was reimbursed under the corresponding procedure code (D2740), accordingly. Because the 5-year period has not elapsed, Appellant is not eligible for another crown on tooth 5 at this time. For these reasons, Dr. Sullaway upheld the MassHealth denial.

Appellant appeared at the hearing by telephone and testified that although he received the crown within the 60-month benefit period, he needs it replaced because it is ill fitting and causing him problems. For background, Appellant explained that when he began treatment with his then-dental provider, he was advised that he needed root canal on tooth 5. Although Appellant was not experiencing any associated pain, he relied on his provider's recommendation and underwent the procedure. Appellant explained that unlike past experiences, this dentist had a quick one-week turnaround for placement of his crown. Appellant immediately noticed that the crown caused issues with his bite, which he relayed to his provider, including the fact that the crown was too high on its inner side, causing a gap to form on the opposite side. His provider dismissed his concerns and reassured him it would fit properly. Given the various pressures to move forward, the crown was cemented. After it was placed, Appellant continued to experience issues, noting that because one side is too short, his adjacent k9 hits the surface of his gum.

Appellant testified that prior to filing this appeal, he reached out to the dental office where he received the service and requested the provider remake the crown. The provider refused to do so, stating all service criteria and guidelines had been followed. Appellant also filed a complaint with the MassHealth department responsible for grievances with dental providers. Despite multiple communications with this department, Appellant later received a letter from them indicating his complaint would not be pursued.¹

¹ Appellant did not submit a copy of this letter into evidence and did not have a copy of the letter present to provide further details on the rationale behind the decision.

Appellant acknowledged that he was not disputing the fact that MassHealth covered his initial crown within the 5-year benefit limit. He also acknowledged that his grievance was not directly with MassHealth, but rather, his inability to get relief for this problem. Appellant argued that MassHealth should not reimburse providers for services that are poor quality and incomplete, as occurred in his case. Because the provider is not willing to remake the service, MassHealth should recoup its earlier payment, and approve the requested service.

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 April 21, 2023, Appellant's dental provider submitted a PA request on behalf of Appellant seeking coverage for procedure *D2740 – Crown – porcelain/ceramic* for tooth 5.
3. On April 21, 2023, MassHealth denied the PA request based on the reason that the requested service "exceeds [the] benefit allowance" which is "limited to one per every 60 months."
4. Appellant received a porcelain/ceramic crown on tooth 5 within the 60-month benefit limitation, and MassHealth reimbursed the providing dentist accordingly.
5. Appellant has not been satisfied with the fit of the crown since it was placed and has relayed these issues to the providing dentist.
6. The providing dentist has declined Appellant's requests to remake the crown.

Analysis and Conclusions of Law

This appeal addresses whether MassHealth correctly denied Appellant's prior authorization (PA) request for a *D2740 – Crown – porcelain/ceramic* (Tooth 5). MassHealth covers the cost of medically necessary dental services for its members, subject to the service descriptions and limitations set forth in its regulations. See 130 CMR 420.425. The scope of coverage for restorative dental services, such as placement of a crown, is addressed, in relevant part, in the following regulation:

420.425: Service Descriptions and Limitations: Restorative Services

The MassHealth agency pays for restorative services in accordance with the service

descriptions and limitations in 130 CMR 420.425(A) through (E). The MassHealth agency considers all of the following to be components of a completed restoration (local anesthesia tooth preparation, acid etching, all adhesives applications, resin bonding agents, amalgam bonding agents, liners, bases, amalgams, resin-based composites, glass ionomers, curing and polishing) and includes them in the payment for this service....

...

(C) Crowns, Posts and Cores.

....

(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

(E) Crown or Bridge Repair. The MassHealth agency pays for chairside crown repair for all members and fixed partial denture repair only for members younger than 21 years old. A description of the repair must be documented in the member's dental record. The MassHealth agency pays for unspecified restoration procedures for crown repair by an outside laboratory only if the repair is extensive and cannot be done chairside.

See 130 CMR 420.425.²

Subchapter 6 of the MassHealth Dental Manual, which is incorporated by reference into the regulations, provides a list of the Current Dental Terminology (CDT) service codes MassHealth pays for, as well as a description of those codes and the applicable PA requirements. According to Subchapter 6, CDT code D2740 - at issue in this appeal - is covered for members 21 years of age or older ***"once per 60 months per tooth."*** See MassHealth Dental Manual Subchapter 6, § 606, p. 6-6 (1/1/23). This benefit limit is further described in the MassHealth Dental Program Office Reference Manual (ORM), which states that MassHealth covers payment for ***"one of D2740 or D2751³ per 60 months per patient per tooth."*** See ORM, p. 113 (emphasis added).⁴

² Prior to January 2021, these procedures were considered non-covered services for members aged 21 and older. MassHealth later expanded coverage of restorative services for the adult population in January and October of 2021, to include reimbursement for crowns on permanent teeth. See MassHealth Transmittal Letters DEN-109 (January 2021) and DEN-111 (Oct. 2021).

³ D2751 is the service code for *crown – porcelain fused to predominantly base metal*. See id.

⁴ On its list of covered services, the ORM states that "[a]ny reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances. See ORM, p. 111. As described in the following footnote, DentaQuest has a process for initiating such complaints, and this is separate from the fair

Here, there is no dispute that MassHealth paid for Appellant's crown on tooth 5 within the 60-month benefit limit period. As described at hearing, Appellant's grievance is focused on the provider's alleged failure to provide quality service for which he was paid. In the context of this fair hearing, adjudication is limited to the "legality and appropriateness of *the MassHealth agency's action*" based upon the facts, applicable law, regulations, and policies presented at hearing.⁵ See 130 CMR § 610.012(C)(emphasis added). The evidence Appellant presented at hearing, while credible, goes to the issue of provider liability, which is outside the scope of this appeal. Appellant did not provide any evidence to suggest that MassHealth erred in denying the PA request. While MassHealth pays for medically necessary repair services following crown placement, it does not pay for a replacement until the benefit limit period has elapsed. As Appellant reached the maximum benefit allowed under the 60-month service limit, he is not eligible for another crown on tooth 5 at this time. MassHealth did not err in denying the PA request.

Based on the foregoing, this appeal is DENIED.

Order for MassHealth

None.

hearing process.

⁵ In contrast, DentaQuest offers a process for members to voice a complaint against any participating dental provider for any of the care provided by these providers when their performance has not met the member's expectations. See ORM, p. 3. To file a complaint, DentaQuest sets forth the following process:

Members may submit complaints to the MassHealth Dental Program telephonically, via the MassHealth Member Portal via the link at www.masshealth-dental.net, member tab or in writing on any MassHealth Dental Program issue...Some examples of complaints include: the quality of care or services received, access to dental care services, provider care and treatment, or administrative issues. In cases where the complaint cannot be resolved telephonically, the member will be assisted in submitting a member complaint form. Written member complaints should be directed to:

MassHealth Dental Program
Attention: MassHealth Intervention Services
P.O. Box 2906
Milwaukee, WI 53201-2906

The complaint form is available on-line and in hard-copy upon request. The MassHealth Dental Program will respond to member complaints immediately if possible but within no more than 30 working days from the date a written complaint is received. Dental Program ORM §6.

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