

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2304794
Decision Date:	10/12/2023	Hearing Date:	07/21/2023
Hearing Officer:	Alexis Demirjian	Record Open to:	08/28/2023

Appearance for Appellant:
Pro se

Appearance for MassHealth:
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

Appeal Decision:	Approved	Issue:	Prior Authorization; Crown; Benefit Limitation
Decision Date:	10/12/2023	Hearing Date:	07/21/2023
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 2	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 June 6, 2023, MassHealth denied the appellant's prior authorization request for dental code D2740 on tooth #9. (Exhibit 1). The appellant filed this appeal in a timely manner on June 13, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) (see 130 CMR 610.032 (5)).

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for dental service code D2740 (crown) for tooth #9.

Issue

The appeal issue is whether MassHealth was correct in denying the prior authorization for dental service code D2740 (crown).

Summary of Evidence

Appellant is a MassHealth member over the age of 21 who represented herself at hearing. MassHealth was represented at hearing by Dr. Sullaway, as a consultant for DentaQuest, the entity that has contracted with MassHealth to administer and run the agency's dental program for MassHealth members. All parties testified telephonically.

Dr. Sullaway testified that on or about June 6, 2023, the Appellant's dentist requested dental service code D2740 for a crown on tooth #9.

Dr. Sullaway explained that MassHealth has set an objective standard, found within the MassHealth Office Reference Manual for Dental Providers, hereinafter referred to as the "Office Reference Manual", that determines whether the requested treatment of a porcelain/ceramic crown should be approved. According to the Office Reference Manual, MassHealth only pays for this procedure, per patient, per tooth, once every 60 months. MassHealth had paid for this procedure on the same tooth within the past 60 months. Accordingly, the service requested exceeded the Appellant's benefit allowance. Dr. Sullaway also testified that the placement of the crown following a root canal is consistent with standard practice in a case such as the appellant's, despite this he was unable to overturn MassHealth's denial because of the service limitations.

The appellant testified that she does not contest that she received a crown paid for by MassHealth on the requested tooth within the past 60 months. At the time she received the service, the natural tooth did not need a root canal and she has experienced no issues with the crown for at least two years. Only recently, after experiencing pain, the appellant sought help and was examined by her dental provider. After an examination by the appellant's dental provider, it was determined that the appellant would need a root canal and a crown to protect the dental work and preserve the tooth from further damage. The provider also determined that they could not re-use the earlier crown to cover the tooth since it would not fit properly following the root canal. Based on these facts, the appellant argues that an exception should be made to the benefit limitation for dental code D2740. The appellant argues that the prior authorization should be approved by MassHealth due the fact that a replacement crown is a medical necessity due to the emergent need for a root canal.

The appellant was allowed a record open period to introduce evidence to support her argument. Those records were incorporated into the record and include documentary evidence from her provider and a letter from the appellant's provider articulating the medical necessity for approval of dental code D2740.

The provider's letter stated the following:

The history of present illness for #9 is that she had a full coverage crown placed 2 years ago. At that time, there was no treatment plan for endodontic treatment prior to crown placement. However, on May 25 patient reached out stating that the crown had fractured off with involved tooth structure. Her referring dentist has recommended post and core prior to new crown fabrication due to limited tooth structure remaining and inability to achieve adequate ferrule. We believe it is imperative to have the root canal done prior to post placement. I understand the root canal procedure will be covered but the lack of insurance coverage for the restoration will be detrimental to the success of the root canal procedure. A well-referenced study by Ray & Trope (1995) states that the state of a restoration can directly impact the success of the root canal procedure. Therefore, well done endodontic treatment is at the mercy of adequate and timely tooth restoration or coronal seal.

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. See Exhibit 4; Testimony.
2. On June 6, 2023, the appellant's provider requested prior authorization for dental code D2740 (Crown) for tooth #9. See Exhibit 4; Testimony.
3. On June 6, 2023, MassHealth denied the appellant's prior authorization for dental code D27400 (Crown) for tooth #9 because the member had received that service within the past 60 months and at this time the request exceeded the benefit limit for this service. See Exhibit 4; Testimony.
4. The appellant's provider submitted a letter opining that the lack of insurance coverage for the restoration [crown] will be detrimental to the success of the root canal procedure. See Exhibit 6.
5. The DentaQuest expert testified that placement of a crown following a root canal in a case such as the appellant's is appropriate treatment. See Testimony.
6. The appellant has demonstrated that dental code D2740 for tooth #9 is a medical necessity.

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.

130 CMR 450.204: Medical Necessity

The MassHealth agency does not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

- A) A service is medically necessary if:
 - 1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
 - (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits.
- B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)
- (C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.
- (D) Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.**
- (E) Any regulatory or contractual exclusion from payment of experimental or unproven services refers to any service for which there is insufficient authoritative evidence that such service is reasonably calculated to have the effect described in 130 CMR 450.204(A)(1).

(Bolded emphasis added.)

130 CMR 420.410 Prior Authorization Requirements

The prior authorization process for dental procedures, pursuant to 130 CMR 420.410 (A) is as

follows:

(1) The MassHealth agency pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. In some instances, prior authorization is required for members 21 years of age or older when it is not required for members younger than 21 years old.

(2) Services requiring prior authorization are identified in Subchapter 6 of the Dental Manual, and may also be identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances. The MassHealth agency only reviews requests for prior authorization where prior authorization is required or permitted (see 130 CMR 420.410(B)).

(3) The provider must not start a service that requires prior authorization until the provider has requested and received written prior authorization from the MassHealth agency. The MassHealth agency may grant prior authorization after a procedure has begun if, in the judgment of the MassHealth agency (a) the treatment was medically necessary; (b) the provider discovers the need for additional services while the member is in the office and undergoing a procedure; and (c) it would not be clinically appropriate to delay the provision of the service.

(B) Services Requiring Prior Authorization. The MassHealth agency requires prior authorization for:

(1) those services listed in Subchapter 6 of the Dental Manual with the abbreviation "PA" or otherwise identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances;

(2) any service not listed in Subchapter 6 for an EPSDT-eligible member; and

(3) any exception to a limitation on a service otherwise covered for that member as described in 130 CMR 420.421 through 420.456. (For example, MassHealth limits prophylaxis to two per member per calendar year but pays for additional prophylaxis for a member within a calendar year if medically necessary.)

(C) Submission Requirements.

(1) The provider is responsible for including with the request for prior authorization appropriate and sufficient documentation to justify the medical necessity for the service. Refer to Subchapter 6 of the Dental Manual for prior-authorization requirements.

(2) Instructions for submitting a request for prior authorization for Current Dental Terminology (CDT) codes are described in the MassHealth Dental Program Office Reference Manual. Dental providers requesting prior authorization for services listed with a CDT code must use the current American Dental Association (ADA) claim form.

(3) Instructions for submitting a request for prior authorization for CPT codes are described in the administrative and billing instructions (Subchapter 5) in all provider manuals. The provider must submit prior authorization requests for CPT codes to MassHealth in accordance with the instructions in Appendix A of all provider manuals.

(Emphasis added)

In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq.,¹ covered services for certain dental treatments, including crowns, are subject to the **relevant limitations of 130 CMR 420.421 through 420.456. See 130 CMR 420.421 (A) through (C).**

130 CMR 420.425 Service Description and Limitation for Dental Code D4270

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, that regulation reads in relevant part as follows:

(C) Crowns, Post 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 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 retentions.

¹ 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual (“Dental ORM” or “Dental Office Reference Manual”) publication 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 (including the HLD form), and service codes found in related subchapters and appendices. See <https://www.mass.gov/lists/dental-manual-for-masshealth-providers> (last viewed on September 27, 2023).

In addition to the above regulations, DentaQuest promulgates the Dental Office Reference Manual. The Office Reference Manual provides important information for MassHealth dental providers about eligible dental services, claims, clinical criteria, and other processes. The Dental Office Reference Manual bases its clinical criteria on procedure codes as defined in the American Dental Association Current Dental Terminology (CDT) Manual and on the MassHealth Dental regulation at 130 CMR 420.000.

In general, documentation requests for information regarding treatment using these codes are determined by generally accepted dental standards for authorization, such as radiographs, periodontal charting, treatment plans, or descriptive narratives.

According to the criteria set forth in the Dental Office Reference Manual, the following must be met to demonstrate the medical necessity for cast crowns:

Documentation needed for procedure:

- Appropriate pre-operative radiographs showing clearly the adjacent and opposing teeth should be submitted: minimally two bitewings, and at least one periapical; or panoramic radiograph.

Criteria for Cast Crowns:

- In general, the criteria for crowns will be met only for permanent teeth needing multi-surface restorations where other restorative materials have a poor prognosis.
- Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma and should involve four or more surfaces and two or more cusps.
- Permanent bicuspid teeth must have pathologic destruction to the tooth caries or trauma and should involve three or more surfaces and at least one cusp.
- Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma and must involve four or more surfaces and at least 50% of the incisal edge.

A request for a crown following root-canal therapy must meet the following criteria:

- The request should include a dated post-endodontic radiograph.
- The tooth should be filled sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex.
- The filling must be properly condensed/obturated. Filling material should not extend excessively beyond the apex.

To meet the criteria, a crown must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture.

- The patient must be free from active and advanced periodontal disease.

- The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.
- Cast crowns on permanent teeth are expected to last, at a minimum, five years.

Payment for crowns will not meet criteria if:

- a lesser means of restoration is possible
- the tooth has subosseous and/or furcation caries
- the tooth has advanced periodontal disease
- the tooth is a primary tooth; or
- crowns are being planned to alter vertical dimension

Exhibits A-E of the Dental ORM provide the limitations of the services covered by MassHealth and provide that for individuals 21 years or older that MassHealth will only cover a D2740 crown - porcelain/ceramic **is once per 60 Month(s) per patient, per tooth.**

The DentaQuest consultant relied on the Dental Office Reference Manual in affirming the denial of the appellant's prior authorization request. The DentaQuest expert testified that once the benefit limit as stated in the Office Reference Manual is exhausted, that MassHealth will not pay for the requested treatment until 60 months has passed from the initial treatment.

However, in reviewing this matter, I conclude that in certain circumstances MassHealth will cover an exception to a limitation on a service otherwise covered for that member as described in 130 CMR 420.421 through 420.456. See CMR 420.410 (C)(1). This regulation provides an example of MassHealth covering more than two teeth cleanings within a calendar year if the additional cleaning is deemed a medical necessity, thereby allowing a member to exceed a benefit allowance for a service. It should be noted that while the regulation gives the example of teeth cleaning, it does not state that this exemption only applies to teeth cleaning nor does it list dental service codes that might be exempted from this exception. Thus, a reasonable interpretation of this regulation is that in certain circumstances MassHealth may authorize a covered dental service, despite the benefit limitation being maxed out, if there is sufficient documentation of medical necessity.

Thus, the issue before us is whether the appellant through her provider met her burden that dental code D2740 is a medical necessity.

The appellant did not disagree that she had received coverage for dental code D2740 within the past 60 months. At the time she received the service, the natural tooth did not need a root canal and she experienced no issues with the crown for at least two years. Recently, after experiencing pain, the appellant sought help and was examined by her dental provider. After such an examination her dental provider determined that she would need a root canal and a crown to protect the dental work and preserve the tooth from further decay. It was also determined that the provider could not re-use the earlier crown to cover the tooth.

Accordingly, on June 6, 2023 the provider submitted a request for Dental Codes D3310 (root canal), D2950 (core build up including pins), and D2740 (crown) on appellant's tooth 9. Dental Codes D3310 (root canal) and D2950 (core build up including pins) do not require prior authorization. Only Dental Code D2740 (crown) was denied. DentaQuest expert noted that it is accepted practice to place a crown following a root canal in a case such as the appellant's but stood by the denial based on the benefit limitation.

To resolve the matter and submit additional information a record open period was allowed, the appellant submitted additional documentation including a letter from her treating provider who stated:

The history of present illness for #9 is that she had a full coverage crown placed 2 years ago. At that time, there was no treatment plan for endodontic treatment prior to crown placement. However, on May 25 patient reached out stating that the crown had fractured off with involved tooth structure. Her referring dentist has recommended post and core prior to new crown fabrication due to limited tooth structure remaining and inability to achieve adequate ferrule. We believe it is imperative to have the root canal done prior to post placement. I understand the root canal procedure will be covered but the lack of insurance coverage for the restoration will be detrimental to the success of the root canal procedure. A well-referenced study by Ray & Trope (1995) states that the state of a restoration can directly impact the success of the root canal procedure. Therefore, well done endodontic treatment is at the mercy of adequate and timely tooth restoration or coronal seal.

Based on testimonial and documentary evidence, restoration through use of a crown following a root canal procedure is tied to the success of the root canal. MassHealth's denial of the prior authorization for the procedure is based solely on the fact that the appellant has exhausted the benefit limit of this service. The evidence shows that the only reason a new crown is being requested is because of the emergent need for a root canal, and the need to promote success of that dental procedure.

Since the regulations expressly state that "any exception to a limitation on a service otherwise covered for that member as described in 130 CMR 420.421 through 420.456" require prior authorization, it follows that under certain circumstances where medical necessity has been established that MassHealth may authorize a procedure despite the member having met the benefit limit at the time of the prior authorization request.

Accordingly, based on the record before this Hearing Officer there is sufficient evidence to overturn MassHealth's denial of the prior authorization for dental code D2740. Therefore, this appeal is APPROVED.

Order for MassHealth

MassHealth will issue an approval notice for Dental Code D2740 for appellant's tooth #9.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Alexis Demirjian
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA