

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2310224
Decision Date:	12/1/2023	Hearing Date:	11/30/2023
Hearing Officer:	Sara E. McGrath		

Appearances for Appellant:



Appearances for MassHealth:

Dr. Sheldon Sullaway



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Prior Authorization for Dental Services
Decision Date:	12/1/2023	Hearing Date:	11/30/2023
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Board of Hearings (telephonic)		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated October 20, 2023, MassHealth denied the appellant's prior authorization request for a clinical crown lengthening procedure. The appellant filed this appeal in a timely manner (130 CMR 610.015(B); Exhibit 2). Denial of a request for prior authorization is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization of a clinical crown lengthening procedure.

Issue

The appeal issue is whether MassHealth was correct in denying the appellant's prior authorization request.

Summary of Evidence

MassHealth was represented by a dental consultant for DentaQuest, the administrator of the MassHealth dental program. The MassHealth dentist appeared by telephone and testified that the appellant's provider submitted a prior authorization request for a clinical crown lengthening procedure on October 20, 2023. MassHealth denied the request on the same date. Dr. Sullaway explained that crown lengthening, referred to as Dental Code D4249, is a surgical procedure where the position of the gum around a tooth is adjusted to expose more of the tooth structure. Dr. Sullaway stated that the basis for the denial of this procedure is that MassHealth simply does not cover this service.¹

The appellant appeared at the hearing by telephone and testified on his own behalf. He explained that his dental problem causes significant discomfort and pain. He submitted a letter in support of his appeal, which provides in relevant part as follows:

I'm urgently appealing MassHealth's denial of my needed crown lengthening. I've faced ongoing, significant discomfort due to a dental issue, and my dentist has declared this procedure necessary for relief and to prevent worsening conditions. This isn't cosmetic – it's vital for my health.

Currently, I'm unemployed, struggling financially, and unable to afford this surgery without assistance. Without MassHealth's support, I have no other options and am left to endure continuous pain, risking further health complications.

I implore the Board of Hearings to consider my dire financial and physical condition. I rely on MassHealth for essential needs, and without this aid, my health is in jeopardy. Attached is the treatment plan, highlighting the urgency.

Please, reassess my case with compassion. Your approval means relief from suffering and a chance for proper health. I await your prompt response, hoping for empathy and understanding.

(Exhibit 1, p. 4).

Dr. Sullaway responded and stated that the appellant can and should seek emergency treatment to alleviate his pain. Although the crown lengthening procedure is not covered, there are other covered services that would treat the appellant's pain.

¹ Dr. Sullaway explained that crown lengthening, referred to as Dental Code D4249, is a surgical procedure where the position of the gum around a tooth is adjusted to expose more of the tooth structure.

Findings of Fact

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

1. On October 20, 2023, the appellant requested MassHealth prior authorization for a clinical crown lengthening procedure.
2. On October 20, 2023, MassHealth denied the request.
3. The appellant filed a timely appeal of the MassHealth denial.
4. The appellant is over the age of 21.

Analysis and Conclusions of Law

Under 130 CMR 420.421(B), MassHealth agency does not pay for the following services for any member, except when MassHealth determines the service to be medically necessary and the member is younger than 21 years old. Prior authorization must be submitted for any medically necessary noncovered services for members younger than 21 years old.

- (1) cosmetic services;
- (2) certain dentures including unilateral partials, overdentures and their attachments, temporary dentures, CuSil-type dentures, other dentures of specialized designs or techniques, and preformed dentures with mounted teeth (teeth that have been set in acrylic before the initial impressions);
- (3) counseling or member education services;
- (4) habit-breaking appliances;
- (5) implants of any type or description;
- (6) laminate veneers;
- (7) oral hygiene devices and appliances, dentifrices, and mouth rinses;
- (8) orthotic splints, including mandibular orthopedic repositioning appliances;
- (9) panoramic films for crowns, endodontics, periodontics, and interproximal caries;
- (10) root canals filled by silver point technique, or paste only;
- (11) tooth splinting for periodontal purposes; and
- (12) any other service not listed in Subchapter 6 of the Dental Manual.²

The procedure requested by the appellant, Dental Code D4249, is not listed in Subchapter 6 of the Dental Manual (130 CMR 420.421(B)(12)). Accordingly, MassHealth's decision to deny the appellant's request was proper, and the appeal is denied.³

² See <https://www.mass.gov/files/documents/2023/05/18/sub6-den.pdf>.

³ Further, the MassHealth Dental Office Reference Manual provides that the MassHealth Dental

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.

Sara E. McGrath
Hearing Officer
Board of Hearings

cc: DentaQuest

Program claim system will only process claims with the codes as described in 130 CMR 420.000, *et seq.*, and listed in the tables in Appendix D, and that all claims with codes not listed in the tables at Appendix D will be rejected. Appendix D contains dental benefits covered for MassHealth members aged 21 and older and does not include Dental Code D4249.