

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2310687
Decision Date:	1/24/2024	Hearing Date:	12/08/2023
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway, DentaQuest

Interpreter:



*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; Procedure D2751; Crown—Porcelain fused to predominantly base metal; Maximum Benefit Allowance
Decision Date:	1/24/2024	Hearing Date:	12/08/2023
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	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 October 20, 2023, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedure D2751—white glass with metal crown for Tooth 31 (see 130 CMR 420.425(C) and Exhibit 1). The Appellant filed this appeal in a timely manner on October 31, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedure D2751—white glass with metal crown for Tooth 31.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.425(C), in denying the request for prior authorization for dental treatment, specifically procedure D2751—white glass with metal crown for Tooth 31.

Summary of Evidence

The MassHealth representative, a consultant for DentaQuest, appeared at the hearing telephonically. He testified that he is a dentist licensed to practice in Massachusetts. The Appellant is an adult over the age of 65 and has MassHealth Standard benefits. The Appellant appeared at the hearing telephonically, testified through an interpreter, and verified his identity.

The MassHealth representative testified that the Appellant's dental provider submitted a request for prior authorization for procedure D2751—white glass with metal crown for Tooth 31 on October 20, 2023. The MassHealth representative testified that, on October 20, 2023, MassHealth denied the Appellant's request due to the Dental Office Reference Manual, which states that the procedure is limited to once per member per tooth every 60 months. The MassHealth representative testified that, based on MassHealth's records, MassHealth had paid for procedure D2751 on Tooth 31 on May 7, 2021. The MassHealth representative testified that because this was within the past 60 months, he denied the request for prior authorization for procedure D2751. The Appellant testified that he was concerned that he had listened to his dentist, if the MassHealth representative was testifying that the Appellant should not have had the procedure.

Findings of Fact

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

1. The Appellant is an adult over the age of 65 and is a MassHealth Standard member (Exhibit 4).
2. On October 20, 2023, the Appellant's dental provider submitted a request for prior authorization for procedure D2751 for Tooth 31 (Testimony; Exhibits 1 & 5).
3. On October 20, 2023, MassHealth denied the Appellant's request for prior authorization for procedure D2751 for Tooth 31 (Testimony; Exhibits 1 & 5).
4. MassHealth paid for the Appellant to receive procedure D2751 for Tooth 31 on May 7, 2021 (Testimony).

Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program pay 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. The MassHealth regulations at 130 CMR 420.410(C) reference and incorporate the MassHealth Dental Program Office Reference Manual (“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.

In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq., 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;
- (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).

130 CMR 420.421(A), (C) (emphasis added).

Regulations regarding Restorative Services, include the following limitations on benefits at 130 CMR 420.425:

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. The MassHealth agency does not pay for composite or amalgam restorations replaced within one year of the date of completion of the original restoration when replaced by the same provider or dental group. The initial payment includes all restorations replaced due to defects or failure less than one year from the original placement.

....

(C)(2) Members 21 Years of Age and Older. The MassHealth agency pays for the following crown materials on permanent incisors, cuspids, bicusps, 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.

130 CMR 420.425; 130 CMR 420.425(C)(2).

In its description of the benefits covered for MassHealth members 21 and over, the Dental Office Reference Manual includes the following table:

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2751	crown - porcelain fused to predominantly base metal	21 and older	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.	

Dental Office Reference Manual at p. 113.

Subchapter 6 of the Dental Manual for Service providers contains the following guidance:

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D2751	Once per 60 months per tooth	Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth

MassHealth Provider Dental Manual, Den-113, 1/1/2023, page 6-7.

The MassHealth representative testified that MassHealth paid for the Appellant to receive procedure D2751 for Tooth 31 on May 7, 2021. Based on the benefit limitations outlined in the Dental Office Reference Manual and subchapter 6 of the MassHealth Provider Dental Manual, the Appellant would again be eligible to receive procedure D2751 for Tooth 31 after 60 months had passed, which is May 7, 2026. Therefore, MassHealth did not err in denying the Appellant's October 20, 2023, prior authorization request for the procedure. Accordingly, the appeal is denied.

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.

Emily T. Sabo, Esq.
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA