

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2311048
<b>Decision Date:</b>	12/29/2023	<b>Hearing Date:</b>	12/15/2023
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Dr. Sheldon Sullaway

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization-Crown; Covered Benefit
<b>Decision Date:</b>	12/29/2023	<b>Hearing Date:</b>	12/15/2023
<b>MassHealth's Rep.:</b>	Dr. Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<b>Aid Pending:</b>	No

### Authority [HERE](#)

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 a prior authorization request for a crown. (Ex. 4). The appellant filed an appeal in a timely manner on October 29, 2023. (130 CMR 610.015; Ex. 2). A decision regarding the scope or amount of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for a crown.

### Issue

Whether MassHealth was correct in denying the appellant's prior authorization.

### Summary of Evidence

Appellant, acting pro se, and the MassHealth representative appeared by telephone and were sworn. MassHealth received a prior authorization request for D2751, crown and D2950, core

buildup. (Testimony; Ex. 4, p. 1). The request was received and reviewed by DentaQuest Dental on behalf of MassHealth. MassHealth denied the request as the appellant's MassHealth coverage does not cover the procedure. Appellant is covered by MassHealth Limited. (Testimony; Ex. 5). Pursuant to the MassHealth regulations, MassHealth Limited does not cover the placing of a crown on appellant's tooth. (130 CMR 450.105 (F)).

Appellant stated she does not presently have a crown, nor has she ever had a crown.

## Findings of Fact

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

1. Appellant is a female MassHealth member in her [REDACTED] who had a request for a crown and core buildup denied by MassHealth. (Ex. 4; Ex. 5).
2. Appellant has MassHealth Limited as her benefit plan. (Testimony; Ex. 5).
3. Appellant has never had a crown. (Testimony).

## Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007).

### 130 CMR 450.105: Coverage Types

#### (F) MassHealth Limited.

(1) Covered Services. For MassHealth Limited members (see 130 CMR 505.006: MassHealth Limited and 130 CMR 519.009: MassHealth Limited), the MassHealth agency pays only for the treatment of a medical condition (including labor and delivery) that manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention reasonably could be expected to result in

- (a) placing the member's health in serious jeopardy;
- (b) serious impairment to bodily functions; or
- (c) serious dysfunction of any bodily organ or part.

(2) Organ Transplants. Pursuant to 42 U.S.C. 1396b(v)(2), the MassHealth agency does not pay for an organ transplant procedure, or for care and services related to that procedure, for MassHealth Limited members, regardless of whether such procedure would otherwise meet the requirements of 130 CMR 450.105(F)(1).

(3) Managed Care Member Participation. MassHealth Limited members are excluded from participation in managed care pursuant to 130 CMR 508.002: MassHealth

Members Excluded from Participation in Managed Care.

The MassHealth Member Booklet also informs appellant that MassHealth Limited will only provide coverage for medical emergencies. (MassHealth Member Booklet, p. 20, online).

The placing of a crown is not covered under MassHealth Limited as it does not meet any of the criteria as set forth in the regulation or the Member Booklet. Therefore, 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.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA