

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2400926
Decision Date:	3/21/2024	Hearing Date:	03/15/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:

Pro se

Appearance for MassHealth:

Via telephone:

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:	Denied	Issue:	Prior Authorization – Adult Dental
Decision Date:	3/21/2024	Hearing Date:	03/15/2024
MassHealth’s Rep.:	Dr. Sheldon Sullaway	Appellant’s Rep.:	Pro se
Hearing Location:	Quincy Harbor South 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 January 18, 2024, MassHealth denied the appellant’s prior authorization request for dental service code D2740, a crown on tooth number 12 (Exhibit 1). The appellant filed this appeal in a timely manner on January 18, 2024 (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 crown on tooth number 12 (dental service code D2740).

Issue

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

Summary of Evidence

A consultant from DentaQuest, the MassHealth dental administrator, appeared telephonically and testified as follows: on January 18, 2024, the appellant's dental provider submitted a prior authorization request on the appellant's behalf for coverage of a crown on tooth number 12 (service code D2740). On the same date, MassHealth denied the prior authorization request. MassHealth denied the request because it determined that the appellant was provided a crown on the same tooth in April 2021, and coverage is limited to one crown per tooth every sixty months (or five years). He referred to the MassHealth Dental Program Office Reference Manual, which states that coverage of the D2740 service code is limited to once every sixty months "per patient per tooth." He stated that because it has not been sixty months (or five years) since MassHealth paid for the appellant's last crown, she is not eligible for coverage of a new one.

The appellant appeared at hearing via telephone. She also provided a letter from her doctor that stated she suffers from gastroesophageal reflux disease (GERD), and she is on medication for the condition. She testified that since her crown fell out, she cannot chew on her left side. She has a big gap on her left side and has to chew on her right side. She can only eat a little bit at a time, has to cut up her food into small bites, and has to eat very slowly. She has a temporary crown, but it comes out every time she eats. She doesn't have many other back teeth, so it's been very hard for her. She has not been able to eat the same foods she used to eat and has lost weight. She stated that her GERD has been acting up since she lost her crown and she has had to take two pills for it instead of the one she used to. She has stomach pain and is suffering from constipation as well. She was looking for some help because she cannot afford to replace the crown.

The dental consultant explained that tooth number 12 is the first bicuspid, which is not a chewing molar. It is halfway back on the upper left side of the jaw and is the weakest and smallest tooth. Cosmetically, it does not generally show during speech and it maybe would show in a wide smile, but not much. Losing tooth number 12 would not change one's chewing efficiency or affect gastrointestinal issues. The appellant would still have GERD with or without tooth number 12. He noted that when kids are preparing for orthodontic treatment and need more space in their mouth due to crowding, tooth number 12 is the first tooth to be pulled. He added that the appellant could go back to her provider to see if she can better cement the temporary crown. There is no cost for emergency appointments. Additionally, he inquired whether the appellant and her provider had discussed replacing teeth in the upper right side. She is missing teeth there and replacing them with a removable partial denture would give her more chewing efficiency.

Findings of Fact

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

1. The appellant is a MassHealth member who is over the age of [REDACTED] (Testimony and Exhibit 4).
2. On January 18, 2024, the appellant's dental provider submitted a prior authorization request for coverage of a crown on tooth number 12 (dental service code D2740) (Testimony and Exhibits 1 and 6).
3. On January 18, 2024, MassHealth denied the request because coverage is limited to one crown per tooth every sixty months (or five years) (Testimony and Exhibits 1 and 6).
4. The appellant received a crown on the same tooth in April 2021 (Testimony).
5. The appellant filed a timely appeal of the denial on January 18, 2024 (Exhibit 2).

Analysis and Conclusions of Law

At issue in this case is the appellant's request for MassHealth coverage of a crown on tooth number 12. The appellant sought the crown as a replacement for one that fell out. MassHealth denied the request because the appellant had already received a crown on the same tooth less than five years ago in April 2021, and not enough time had passed to allow for coverage of a replacement. Under 130 CMR 420.425(B), MassHealth pays for certain types of crowns for members age 21 and older. However, the guidelines in the MassHealth Dental Office Reference Manual set forth certain limitations on that coverage: For individuals age 21 and older, coverage of crowns is limited to "one . . . per 60 month(s) per patient per tooth." There is no dispute that this request came less than sixty months after the appellant received the first crown on the same tooth. Under these guidelines, MassHealth was correct to deny coverage for this service.

For the foregoing reasons, this 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA