

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2405760
<b>Decision Date:</b>	06/28/2024	<b>Hearing Date:</b>	05/17/2024
<b>Hearing Officer:</b>	Emily Sabo		

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization; Dental Services
<b>Decision Date:</b>	06/28/2024	<b>Hearing Date:</b>	05/17/2024
<b>MassHealth's Rep.:</b>	Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South (Telephone)	<b>Aid Pending:</b>	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 April 4, 2024, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedure D2740, because the service is limited to once every 60 months. See Subchapter 6 of the Dental Manual and Exhibits 1, 5. The Appellant filed this appeal in a timely manner on April 10, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied prior authorization for procedure D2740 (crown – porcelain/ceramic) for tooth 9.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to Subchapter 6 of the Dental Manual, to deny the request for prior authorization for dental services for the Appellant because MassHealth only covers procedure D2740 once every 60 months.

### Summary of Evidence

The hearing was held telephonically. The Appellant verified his identity. The Appellant is an adult between the ages of 21 to 64. MassHealth was represented telephonically by a licensed dentist, who is a consultant with DentaQuest, the agent of MassHealth that makes prior authorization determinations for dental services.

On April 4, 2024, the Appellant's dental provider, [REDACTED] submitted a request for prior authorization for procedure code D2740 (crown – porcelain/ceramic) for tooth 9. MassHealth denied the request for procedure code D2740 (crown – porcelain/ceramic) on the basis that the procedure is authorized once every 60 months. The MassHealth representative testified that the Appellant last had the procedure performed on tooth 9 on September 15, 2021. The MassHealth representative testified that because the Appellant has already received such service within 60 months, he is not eligible for D2740 on tooth 9.

The Appellant testified that he had three crowns put on in 2021, but that the crown on tooth 9 fell out within a month. The Appellant testified that [REDACTED] said that MassHealth would not pay to repair it and that the Appellant would need to pay him \$1,000 to repair it. The Appellant testified that tooth 9 fell out again and that [REDACTED] told him that if he found the tooth, it would cost \$250 to repair and if he did not find the tooth, it would cost the Appellant \$800.<sup>1</sup> The Appellant testified that he collected cans to try and afford the repairs because he did not want to have a missing front tooth.

The MassHealth representative testified that the Appellant's dental provider did not include a narrative, which is required for a prior authorization request. The MassHealth representative testified that a provider should not bill a MassHealth member for services that MassHealth has already paid for. The MassHealth representative explained that the Appellant could file a complaint about his provider and the Appellant said that he had done that. The MassHealth representative stated that tooth 9 could be added to the Appellant's partial denture or a whole new partial denture could be created to include tooth 9.

## Findings of Fact

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

1. The Appellant is an adult between the ages of 21 to 64. Testimony; Exhibit 4.
2. On April 4, 2024, the Appellant, through his dental provider, sought preauthorization for procedure D2740 for tooth 9. Testimony; Exhibit 5.

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<sup>1</sup> The Appellant also stated that [REDACTED] told him that he would have to pay \$800 for a post. The prior authorization request at issue in this appeal included procedure D2954 (prefabricated post and core in addition to crown) for tooth 9. MassHealth did not review this request because prior authorization is not required for this procedure. Exhibit 5 at 4.

3. On April 4, 2024, MassHealth denied preauthorization for procedure D2740 for tooth 9. Testimony; Exhibit 5.
4. The Appellant had procedure D2740 performed on tooth 9 on September 15, 2021. Testimony.

## Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program only pay 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. 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.

The MassHealth regulations provide the following:

(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;

130 CMR 420.421(A)(1).

### 420.425: Service Descriptions and Limitations: Restorative Services

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) Crowns, Posts 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 retention.

....

(E) Crown or Bridge Repair. The MassHealth agency pays for chairside crown repair for all members and fixed partial denture repair only for members younger than 21 years old. A description of the repair must be documented in the member's dental record. The MassHealth agency pays for unspecified restoration procedures for crown repair by an outside laboratory only if the repair is extensive and cannot be done chairside.

130 CMR 420.425(C)(2), (E).

Subchapter 6 of the Dental Manual includes procedure code D2740 and states such service is covered once per 60 months per tooth.<sup>2</sup> Accordingly, as the Appellant received the procedure on tooth 9 on September 15, 2021, the request exceeds the benefit limitation as less than 60 months have passed since then. Therefore, MassHealth did not err in denying the request and the appeal is denied.

While outside the scope of the notice appealed and the jurisdiction of the hearing officer, the Appellant raised a number of troubling instances in his experience with [REDACTED] as his provider. As provided for in 130 CMR 420.425, MassHealth's initial payment on September 15, 2021, "include[d] all restorations replaced due to defects or failure less than one year from the original placement." Under 130 CMR 450.203(A), "No provider may solicit, charge, receive, or accept any money, gift, or other consideration from a member, or from any other person, for any item or medical service for which payment is available under MassHealth, in addition to, instead of, or as an advance or deposit against the amounts paid or payable by the MassHealth agency for such item or service." See *also* 130 CMR 450.238.

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<sup>2</sup> Subchapter 6 can be found online at: <https://www.mass.gov/files/documents/2023/05/18/sub6-den.pdf>.

The Appellant may wish to use a different dental provider, which can be searched for here: [https://provider.masshealth-dental.net/MH\\_Find\\_a\\_Provider#/home](https://provider.masshealth-dental.net/MH_Find_a_Provider#/home).

The Appellant may wish to contact the MyOmbudsman program. For more information about My Ombudsman, visit their website at: [www.myombudsman.org](http://www.myombudsman.org); email them at [info@myombudsman.org](mailto:info@myombudsman.org); or call them at (855) 781-9898, videophone (VP) at (339) 224-6831. Hours: Monday-Friday, 9 a.m. -4 p.m.

## **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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Emily Sabo  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA