

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2406001
Decision Date:	7/9/2024	Hearing Date:	05/17/2024
Hearing Officer:	Emily Sabo		

Appearances for Appellant:



Appearance for MassHealth:

Dr. Sheldon Sullaway, DentaQuest



*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
Decision Date:	7/9/2024	Hearing Date:	05/17/2024
MassHealth's Rep.:	Sheldon Sullaway	Appellant's Reps.:	Pro se & Father
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 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 16, 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 five teeth (teeth 4, 5, 12, 13, and 19).

Issue

The appeal issue is whether MassHealth was correct, pursuant to Subchapter 6 of the Dental Manual, to deny the request for preauthorization 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 was represented by her father and verified her identity. The Appellant is over the age of 21 and a MassHealth CommonHealth member. MassHealth was represented 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 submitted a request for prior authorization for procedure code D2740 (crown – porcelain/ceramic) for five teeth (teeth 4, 5, 12, 13, 19). The Appellant's dental provider submitted a narrative stating: "After thorough clinical and radiographic examination, it is my professional opinion that the above-mentioned crowns are necessary to be redone due to open distal margin on #4, #5, #12, #13, #19. The attached documentation includes the X-rays that provide a comprehensive overview of the existing condition of the cemented crowns. It is crucial to note that the recommended dental crowns are not merely cosmetic but are essential to preserve the structural integrity of teeth and preventing further deterioration. These teeth are important for proper functions like chewing/grinding, maintaining proper alignment and the bite, etc. I firmly believe monitoring these teeth under the current oral hygiene status will not be beneficial. It is [in] the patient's best interest to get the crowns redone." Exhibit 5 at 7.

MassHealth denied the request for procedure code D2740 (crown – porcelain/ceramic) for the teeth on the basis that the procedure is authorized once every 60 months. The MassHealth representative testified that the Appellant received crowns on teeth 4 and 5 on July 26, 2022, on teeth 12 and 13 on September 20, 2022, and tooth 19 on July 24, 2023. The MassHealth representative testified that because the Appellant has already received such services within 60 months, she is not eligible for procedure D2740 on the teeth. The MassHealth representative stated that there may be a more conservative and less costly procedure that could benefit the Appellant. The MassHealth representative also stated that the Appellant's dental provider knows best regarding treatment for the Appellant. The MassHealth representative also testified that the Appellant could contact the complaint department.

The Appellant's representative testified that the Appellant's crowns were placed by a previous dentist, subsequently was told that the crowns were improperly seated, and the previous dentist is unavailable to fix them. The Appellant's representative stated that the Appellant's current dentist has said that the crowns represent a decay risk and recommended the crowns be replaced.

Findings of Fact

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

1. The Appellant is a MassHealth CommonHealth member over the age of 21. Testimony; Exhibit 4.

2. On April 4, 2024, the Appellant, through her dental provider, sought preauthorization for procedure D2740 for five teeth (#4, #5, #12, #13, #19). Testimony; Exhibit 5.
3. On April 4, 2024, MassHealth denied preauthorization for procedure D2740 for five teeth (#4, #5, #12, #13, #19). Testimony; Exhibit 5.
4. The Appellant had procedure D2740 performed on teeth 4 and 5 on July 26, 2022. Testimony.
5. The Appellant had procedure D2740 performed on teeth 12 and 13 on September 20, 2022. Testimony.
6. The Appellant had procedure D2740 performed on tooth 19 on July 24, 2023. 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.¹ Accordingly, as the Appellant received procedure D2740 on teeth 4 and 5 on July 26, 2022, on teeth 12 and 13 on September 20, 2022, and tooth 19 on July 24, 2023, the request exceeds the benefit limitation as less than 60 months have passed since then. As provided for in 130 CMR 420.425, that the "initial payment includes all restorations replaced due to defects or failure less than one year from the original placement," the Appellant's previous provider is responsible for the replacement crown on tooth 19, as it has been less than one year since the original placement. I am sorry for the Appellant's situation but based on my review of the relevant regulations and Subchapter 6, there are no exceptions to the service limitation. Therefore, MassHealth did not err in denying the request

¹ Subchapter 6 can be found online at: <https://www.mass.gov/files/documents/2024/06/27/sub6-den.pdf>.

and the appeal is denied.²

Regarding the filing of a complaint about past service, the Appellant may wish to contact the MyOmbudsman program. For more information about My Ombudsman, visit their website at: www.myombudsman.org; email them at 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.

Emily Sabo
Hearing Officer
Board of Hearings



MassHealth Representative: DentaQuest 1, MA

² The Appellant may also ask her current provider if the crowns could be repaired chairside as provided for in 130 CMR 420.425(E).