

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2406010
<b>Decision Date:</b>	7/10/2024	<b>Hearing Date:</b>	05/17/2024
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**  
Pro se

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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Dental Services; Prior Authorization
<b>Decision Date:</b>	7/10/2024	<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 March 29, 2024, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedure D2740 for tooth 6 and procedure D3310 for tooth 6 because of benefit limitations. See Subchapter 6 of the Dental Manual and Exhibits 1, 5. The Appellant filed this appeal in a timely manner on April 17, 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 6 and procedure D3310 (endodontic therapy, anterior tooth) for tooth 6.

### 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 procedure D2740 (crown – porcelain/ceramic) for tooth 6 and procedure D3310 (endodontic therapy, anterior tooth) for tooth 6 because MassHealth only covers procedure D2740 once every 60 months and procedure

D3310 once per lifetime.

## Summary of Evidence

The hearing was held telephonically. The Appellant 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 March 29, 2024, the Appellant's dental provider submitted a request for prior authorization for authorization for procedure D2740 (crown – porcelain/ceramic) for tooth 6 and procedure D3310 (endodontic therapy, anterior tooth) for tooth 6. MassHealth denied the request for procedure code D2740 (crown – porcelain/ceramic) on the basis that the procedure is authorized once every 60 months, and for procedure code D3310 on the basis that the procedure is authorized once per lifetime.

As part of her appeal, the Appellant included the following letter:

I understand [MassHealth] does not cover crowns/root canals for the same tooth but every 60 months/lifetime. My front tooth which is referenced by tooth 6 has fallen out that had a previous root canal/crown [about] 4 years ago. I went back to the same provider ( [REDACTED] MA) who did the original tooth and was informed the reason it came out is because the "post" D2954 was too short.

I'm a diabetic with heart disease and having my teeth is essential to chew properly to break down the food I consume. As it is with anyone. Over the years I have lost several teeth due to my diabetes and they were replaced with root canals or partials that were made and covered by [MassHealth]. Having missing teeth will not assist me in chewing and digesting food properly. I need my front tooth #6. I need all my teeth. Currently my blood sugars run high due to the pain and possible infection that tooth 3 and 14 may have that also need the same procedure.

Please take into consideration that I also was not aware until I asked the dentist when it came out why it was not covered since they had done the original incorrectly. I was then informed that the procedure had a 6 month coverage policy or I could have purchased coverage for an additional \$300.00. I always thought that a provider who does a procedure covers their errors. If I'm being told the post was made too short by the same provider but it's too late to be covered? I'm kindly asking MassHealth to take into consideration what may happen to my health due to missing teeth. I believe it will be more cost effective to cover the procedure to be performed the correct way.

Exhibit 2 at 2.

The MassHealth representative testified that MassHealth's records indicated that the Appellant received procedure D3310 on tooth 6 on August 31, 2021, and that she received a crown thereafter, though he did not know the exact date. The MassHealth representative testified that because the Appellant has already received D2740 within 60 months, she is not eligible. He also testified that because she had received D3310, she is not eligible to have MassHealth pay for the procedure again.

The Appellant was not sure of the exact date on which she had procedure D3310, but believed it occurred during the Covid-19 pandemic and that the crown was made afterwards. The Appellant explained that she was looking for an exception because due to her health conditions, she may be hospitalized, which would end up being more expensive for MassHealth than her receiving this treatment. The Appellant testified that she was not seeking the treatment for cosmetic reasons and that when she contacted the complaint department, she was told to file a request for a fair hearing. The Appellant stated that her dentist told her tooth 6 could not be added to her partial denture. The Appellant testified that she is concerned that if tooth 6 is not repaired, she will not be able to wear her partial dentures.

## **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 March 29, 2024, the Appellant, through her dental provider, sought preauthorization for procedure D2740 for tooth 6 and procedure D3310 for tooth 6. Testimony; Exhibit 5.
3. On March 29, 2024, MassHealth denied preauthorization for authorization for procedure D2740 (crown – porcelain/ceramic) for tooth 6 and procedure D3310 (endodontic therapy, anterior tooth) for tooth 6. Testimony; Exhibit 5.
4. MassHealth paid for the Appellant to have procedure D3310 performed on tooth 6 on August 31, 2021. Testimony.
5. MassHealth paid for the Appellant to have procedure D2740 performed on tooth 6 sometime after August 31, 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).

#### 420.426: Service Descriptions and Limitations: Endodontic Services

The MassHealth agency pays for endodontic services including all radiographs performed with the exception of panoramic radiographs, during the treatment visit. The MassHealth agency pays for endodontic services for all MassHealth members in accordance with the service descriptions and limitations described in 130 CMR 420.426.

....

#### (B) Endodontic Root Canal Therapy.

##### (1) General Conditions.

- (a) Payment by the MassHealth agency for root canal therapy includes payment for all preoperative and postoperative treatment; diagnostic (for example, pulp vitality) tests; and pretreatment, treatment, and post-treatment radiographs and anesthesia. MassHealth does not pay for pulpotomy as a separate procedure from root canal therapy.
- (b) The provider must maintain a radiograph of the completed root canal in the member's dental record.
- (c) The MassHealth agency pays for root canal therapy on permanent anterior teeth, bicuspid, and first and second molars, but does not pay for root canal therapy on third molars. Root canal therapy is limited to the permanent dentition only if the periodontal condition of the remaining dentition and soft tissue are stable with a favorable prognosis.

#### (C) Endodontic Retreatment.

- (1) The MassHealth agency pays for endodontic retreatment of permanent anterior, bicuspid, and first and second molar teeth for all MassHealth members. This procedure may include the removal of a post, pins, old root canal filling material, and the procedures necessary to prepare the canals and place the canal filling.

(2) Payment includes all retreatments within 24 months of the original root canal.

(D) Apicoectomy/Periradicular Surgery.

(1) The MassHealth agency pays for an apicoectomy as a separate procedure for all MassHealth members following root canal therapy when the canal cannot be retreated through reinstrumentation.

(2) Payment by the MassHealth agency for an apicoectomy with root canal filling includes payment for the filling of the canal or canals and removing the pathological periapical tissue and any retrograde filling in the same period of treatment.

(E) Pulp Cap. The MassHealth agency pays for indirect pulp cap on primary and permanent tooth to preserve tooth's vitality once per tooth lifetime.

130 CMR 420.426(B), (C), (D), and (E).

Subchapter 6 of the Dental Manual includes procedure code D2740 and states such service is covered once per 60 months per tooth.<sup>1</sup> Subchapter 6 of the Dental Manual includes procedure code D3310 and states such service is covered once per lifetime per tooth. Accordingly, as the Appellant received procedure D3310 on tooth 6 on August 31, 2021, and procedure D2740 on tooth 6 thereafter, the request exceeds the benefit limitation. MassHealth has covered procedure D3310 on tooth 6 once in the Appellant's lifetime. And less than 60 months have passed since the Appellant received procedure D2740 on tooth 6. I understand the Appellant's concern for her health, and her testimony that not receiving the treatment may result in her needing more costly healthcare in the future. Based on my review of the relevant regulations and Subchapter 6, there are no exceptions to the service limitations. Therefore, MassHealth did not err in denying the request and the appeal is denied.<sup>2</sup>

While outside the scope of the notice appealed and the jurisdiction of the hearing officer, the Appellant raised several troubling complaints about her past experience with her dental provider. With crowns, as provided for in 130 CMR 420.425, the "initial payment includes all restorations replaced due to defects or failure less than one year from the original placement." And with endodontic retreatment, MassHealth's payment "includes all retreatments within 24 months of the original root canal." 130 CMR 420.426(C)(2). These time frames are greater than the six month "coverage policy" the Appellant stated that her provider spoke of and no additional cost should be borne by the member, such as the \$300.00 mentioned. 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

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

<sup>2</sup> The Appellant may also ask her provider if the crown could be repaired chairside as provided for in 130 CMR 420.425(E).

service." *See also* 130 CMR 450.238.

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](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. If the Appellant is interested in finding a different dental provider, they can also be searched for here: [https://provider.masshealth-dental.net/MH\\_Find\\_a\\_Provider#/home](https://provider.masshealth-dental.net/MH_Find_a_Provider#/home).

## 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