

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2406668
<b>Decision Date:</b>	6/27/2024	<b>Hearing Date:</b>	05/31/2024
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**  
Pro se

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

**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>	Dental Services; Prior Authorization
<b>Decision Date:</b>	6/27/2024	<b>Hearing Date:</b>	05/31/2024
<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 21, 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 25, 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 5.

### 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 verified his identity. The Appellant is over the age of [REDACTED] and a MassHealth Standard member. 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 March 21, 2024, the Appellant's dental provider submitted a request for prior authorization for procedure code D2740 (crown – porcelain/ceramic) for tooth 5. The Appellant's dental provider submitted a narrative stating: "# 5 Crown Insertion Date 10/13/2022. Crown dislodged 2 weeks ago and the patient lost the crown. The periapical #5 is attached. Please approve the crown for #5." Exhibit 5 at 6.

MassHealth denied the request for procedure code D2740 (crown – porcelain/ceramic) for the tooth 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 5 on October 13, 2022. The MassHealth representative testified that because the Appellant has already received such service within 60 months, he is not eligible for D2740 on tooth 5.

The Appellant testified that he does not suffer pain from tooth 5, but he felt discomfort and sensitivity where the tooth is exposed, particularly when he eats or drinks. The Appellant testified that his provider said the crown for tooth 5 could not be repaired. The MassHealth representative encouraged the Appellant to work with his dental provider to otherwise pay for the service. The MassHealth representative also stated that while MassHealth does not pay for temporary crowns that they may be a more affordable option for the Appellant.

## Findings of Fact

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

1. The Appellant is a MassHealth Standard member over the age of [REDACTED] Testimony; Exhibit 4.
2. On March 21, 2024, the Appellant, through his dental provider, sought preauthorization for procedure D2740 for tooth 5. Testimony; Exhibit 5.
3. On March 21, 2024, MassHealth denied preauthorization for procedure D2740 for tooth 5. Testimony; Exhibit 5.
4. The Appellant had procedure D2740 performed on tooth 5 on October 13, 2022. Testimony; Exhibit 5.

## 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 [REDACTED] 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 ■ 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>1</sup> Accordingly, as the Appellant received the procedure on tooth 5 on October 13, 2022, the request exceeds the benefit limitation as it less than 60 months have passed since then. Therefore, MassHealth did not err in denying the request and the appeal is denied.<sup>2</sup>

## 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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<sup>1</sup> Subchapter 6 can be found online at: <https://www.mass.gov/files/documents/2023/05/18/sub6-den.pdf>.

<sup>2</sup> While the Appellant testified that his provider stated the crown could not be repaired, he may ask the provider if it could be repaired chairside as provided for in 130 CMR 420.425(E).

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Emily Sabo  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA