

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2408141
Decision Date:	8/14/2024	Hearing Date:	06/28/2024
Hearing Officer:	Kenneth Brodzinski		

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

Appeal Decision:	DENIED	Issue:	Prior Authorization - Dental
Decision Date:	8/14/2024	Hearing Date:	06/28/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MEC		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notice dated April 8, 2024, MassHealth denied Appellant's request for prior authorization for a dental crown ([Exhibit A](#)). Appellant filed this appeal in a timely manner on May 20, 2024 (see 130 CMR 610.015(B) and [Exhibit A](#)). Denial of a request for prior authorization constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's request for prior authorization for a dental crown.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied Appellant's request for prior authorization for a dental crown.

Summary of Evidence

Both parties appeared by telephone.

MassHealth was represented by a dentist who testified that in April 2024, Appellant's dental provider submitted a prior authorization request to MassHealth seeking prior approval for a dental crown service code D2740 for tooth number 31. The request was denied on the grounds that MassHealth last provided Appellant with a crown for this tooth on May 16, 2022. Pursuant to the MassHealth Dental Office Reference Manual, this procedure code is limited to being covered once every 60 months or 5 years.

Appellant testified that the dentist who provided the crown in 2022 did shoddy work. Appellant explained how she had to go back to the dentist 3 times to reset the crown. Appellant testified that she eventually found a new dentist who told her that there was a problem with the existing crown and she would need a new one.

Appellant stated that she made calls to MassHealth to complain about the situation, but was told nothing could be done. According to Appellant, she was advised to request a new crown and if the request was denied, to appeal.

Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. Appellant is appealing MassHealth's denial of a prior authorization request for D2740 (crown) on tooth number 31.
2. MassHealth denied the request because MassHealth provided a crown for tooth number 31 on May 16, 2022.
3. Appellant is over the age of [REDACTED] (Exhibit A).

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). Appellant has not met her burden.

Medical necessity considerations do not supersede the service descriptions and limitations described in 130 CMR 420.422 through 420.456 for MassHealth members age [REDACTED] and above (130 CMR 420.421(A)).

Prior Authorization requests must use the current CPT codes for the covered codes listed in the *MassHealth Dental Program Office Reference Manual* (ORM) (130 CMR 420.410(C)). According to the ORM, procedure code D2740 is limited to "one of (D2740, D2751) per 60 Month(s) Per patient per tooth" (*MassHealth Dental Program Office Reference Manual*, effective January 12, 2024, page 113).

Because MassHealth covered the cost for D2740 for tooth number 31 on May 16, 2022, the service limitation restricts Masshealth from providing another crown for the same tooth until May 17, 2027.

This record shows that MassHealth properly applied the controlling regulation(s) to accurate facts when it denied Appellant's request for D2740 for tooth number 31.

For the foregoing reasons, the 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA