# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2408350
Decision Date:	8/5/2024	Hearing Date:	07/12/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant: *Pro se via* telephone

#### Appearance for MassHealth:

Dr. Sheldon Sullaway (DentaQuest) *via* telephone



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/Crown/Benefi t Limitation
Decision Date:	8/5/2024	Hearing Date:	07/12/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South	Aid Pending:	N/A

# 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 29, 2024, MassHealth denied the appellant's prior authorization (PA) request for a porcelain/ceramic crown for tooth 30 under Current Dental Terminology code (CDT) D2740 because the appellant was limited to one request every 60 months for this service. (See Exhibit (Ex.) 1; Ex. 5, p. 4). The appellant filed this appeal in a timely manner on May 23, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

### **Action Taken by MassHealth**

MassHealth denied the appellant's PA request for a porcelain/ceramic crown, CDT D2740, for tooth number 30.

### lssue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.025, in determining that the service should be denied.

# **Summary of Evidence**

MassHealth was represented by a licensed dentist who is a consultant with DentaQuest, the MassHealth agent responsible for administering the MassHealth dental plan and for making the prior authorization determinations for dental services, and the appellant appeared on her own behalf. Both parties attended the hearing by telephone.

The MassHealth representative testified that prior to the hearing he reviewed both the prior authorization (PA) request and DentaQuest's basis for the denial. (Testimony). On April 29, 2024, the appellant's dental provider submitted a PA request for D2740, a crown for tooth 30. (Testimony; Ex. 5, pp. 6-8). DentaQuest issued a determination on the same date denying the PA request because it exceeded the benefit allowance. (Testimony; Ex. 1; Ex. 5, pp. 4-5). According to MassHealth regulations at 130 CMR 420.425(C)(2), MassHealth will pay for crowns made from porcelain or ceramic for individuals over the age of 21 years old. (Testimony). D2740 is for a crown made from porcelain and ceramic. (Testimony). According to the MassHealth Dental Program Office Reference Manual (ORM), MassHealth will pay for either D2740 or D2751 for individuals who are 21 years old or older for teeth 2-15, and 18-31 one time per 60 months. (Testimony). The appellant is an individual over the age of 21 years old. (Testimony; Ex. 5 p. 6). MassHealth records indicate that the appellant received a porcelain or ceramic crown paid for by MassHealth for tooth 30 on April 12, 2023. (Testimony). Because the appellant received a crown for this tooth less than five years ago, MassHealth denied the PA request. (Testimony).

The appellant did not dispute the MassHealth representative's testimony. (Testimony). The appellant explained that the crown for tooth 30 fell off during a work retreat a few months ago. (Testimony). She does have the crown and just wants it to be reinstalled. (Testimony). The appellant has tried several times to contact the dentist who originally put the crown on, but they have ignored her telephone calls. (Testimony). The appellant then went to a new dentist, who said that before they would try to reinstall the old crown, they needed MassHealth to deny a request for a new crown. (Testimony; Ex. 6). This was the only reason the appellant was disputing this MassHealth denial. (Testimony). The appellant was eager to have the crown put back in. (Testimony).

# **Findings of Fact**

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

- 1. On April 29, 2024, the appellant's dental provider submitted a PA request for D2740, a crown for tooth 30. (Testimony; Ex. 5, pp. 6-8).
- 2. DentaQuest issued a determination on the same date denying the PA request because it exceeded the benefit allowance. (Testimony; Ex. 1; Ex. 5, pp. 4-5).

- 3. According to MassHealth regulations at 130 CMR 420.425(C)(2), MassHealth will pay for crowns made from porcelain or ceramic for individuals over the age of 21 years old. (Testimony).
- 4. D2740 is for a crown made from porcelain and ceramic. (Testimony).
- 5. According to the MassHealth Dental Program ORM, MassHealth will pay for either D2740 or D2751 for individuals who are 21 years old or older for teeth 2-15, and 18-31 one time per 60 months. (Testimony).
- 6. The appellant is an individual over the age of 21 years old. (Testimony; Ex. 5 p. 6).
- 7. MassHealth records indicate that the appellant received a porcelain or ceramic crown paid for by MassHealth for tooth 30 on April 12, 2023. (Testimony).
- 8. Because the appellant received a crown for this tooth less than five years ago, MassHealth denied the PA request. (Testimony).

### Analysis and Conclusions of Law

MassHealth pays for restorative services in accordance with the service descriptions and limitations in 130 CMR 420.425(A) through (E). 130 CMR 420.425(C) states that for individuals over the age of 21 MassHealth pays for crowns made from porcelain or ceramic on permanent incisors, cuspids, bicuspids, and first and second molars. (130 CMR 420.425(C)(2)(b)). The regulation does not describe a service limitation for submitting requests under CDT D2740 or, for that matter, any other CDT code. The service limitation is contained within the ORM, which the MassHealth representative cited in his testimony. The ORM states that for a PA request for "D2740, crown - porcelain/ceramic" for individuals "21 and older" for "[t]eeth 2 - 15, 18 - 31" there is a limitation of "One...per 60 Month(s) Per patient per tooth." (ORM, Exhibit B, p. 113). In rendering a decision, a hearing officer must give due consideration to Policy Memoranda and any other MassHealth agency representations and materials containing legal rules, standards, policies, procedures, or interpretations as a source of guidance in applying a law or regulation. (130 CMR 610.082(C)(3)). The ORM falls within this description.

The record shows that MassHealth approved a request for CDT D2740 for tooth 30 on April 12, 2023. The record further shows that MassHealth received a request for the same service for the same tooth on April 29, 2024. The ORM limits this service to one time every 60 months. As the second request for service was submitted less than 60 months after the first, MassHealth correctly denied the request.

For the above stated 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.

Scott Bernard Hearing Officer Board of Hearings

DentaQuest 1, MA

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