

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409135
Decision Date:	8/20/2024	Hearing Date:	07/19/2024
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/Benefit Limitation
Decision Date:	8/20/2024	Hearing Date:	07/19/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South	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 30, 2024, MassHealth denied the appellant's prior authorization (PA) request for a porcelain/ceramic crown for tooth 14 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, pp. 4-5). The appellant filed this appeal in a timely manner on June 10, 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 PA request for a porcelain/ceramic crown for tooth 14 under CDT D2740.

Issue

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 dental consultant with DentaQuest, the MassHealth agent responsible for administering the MassHealth dental plan and for making prior authorization determinations for dental services and the appellant appeared on his own behalf. Both parties attended the hearing by telephone.

The MassHealth representative testified to the following. On April 30, 2024, the appellant's dental provider submitted a prior authorization request for procedure number D2740, a porcelain/ceramic crown, for tooth 14. (Testimony; Ex. 5, pp. 6-7). MassHealth issued a denial on the same date stating that the request exceeded the benefit allowance. (Testimony; Ex. 1; Ex. 2, pp. 2-3; Ex. 5, pp. 4-5). The MassHealth representative stated that the benefit allowance for D2740 is described in the MassHealth Dental Program Office Reference Manual (ORM) on page 112. (Testimony). According to the ORM, this service is limited to once every [REDACTED] (Testimony). MassHealth paid for a crown for tooth 14 under this code on March 9, 2022, less than 60 months ago. (Testimony). The MassHealth representative confirmed that in addition to the one crown for tooth 14, the dental provider requested other services as well. (Testimony; Ex. 5, pp. 4-5). He stated that prior authorization is not required for those other services, and therefore the dental provider could provide those services. (Testimony).

The appellant testified to the following. The appellant has a new dentist, who told him that she cannot do what she wants to do unless she is able to replace the crown on tooth 14. (Testimony). The provider did tell the appellant that MassHealth might not approve the new crown for tooth 14 but that the appellant should appeal the denial if that happened. (Testimony). In any case, the dental provider was treating him for a very serious tooth grinding problem. (Testimony). The appellant's teeth are very small, and they are basically falling apart one at a time due, at least in part, to his grinding. (Testimony). The appellant did have a mouth guard, but he has forgotten to wear it and has lost it and had to wait for a replacement. (Testimony). In any case, the grinding has been a real problem, and may be the cause of his headaches. (Testimony). The appellant's dentist has a treatment plan she believes will solve the appellant's tooth grinding problems. (Testimony). The replacement of the crown on tooth 14 is part of that overall treatment plan since the old crown would not work as part of the treatment plan. (Testimony).

Findings of Fact

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

1. On April 30, 2024, the appellant's dental provider submitted a prior authorization request for procedure number D2740, porcelain/ceramic crown, for tooth 14. (Testimony; Ex. 5, pp. 6-7).
2. MassHealth issued a denial on the same date stating that the request exceeded the benefit

allowance. (Testimony; Ex. 1; Ex. 2, pp. 2-3; Ex. 5, pp. 4-5).

3. According to the MassHealth Dental Program ORM on page 112 the benefit allowance for D2740 is limited to once every sixty months or five years. (Testimony).
4. MassHealth paid for a crown for tooth 14 under this code on March 9, 2022, which was less than 60 months ago. (Testimony).
5. In addition to the one crown for tooth 14, the dental provider requested other services as well. (Testimony; Ex. 5, pp. 4-5).
6. Prior authorization is not required for those other services, and therefore the dental provider can provide those services. (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 [REDACTED] MassHealth pays for crowns made from porcelain or ceramic on permanent incisors, cuspids, bicuspid, 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. 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 “[REDACTED] 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 paid for a crown for tooth 14 under code D2740 on March 9, 2022. The record further shows that MassHealth received a request for the same service for the same tooth on April 30, 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