

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409290
Decision Date:	8/26/2024	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:	8/26/2024	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 May 15, 2024, MassHealth denied the appellant's prior authorization (PA) request for a crown for tooth # 3 under Current Dental Terminology code (CDT) D2751 because the appellant was limited to one request every 60 months for this service. (See Exhibit (Ex.) 1; Ex. 6, p. 4). The appellant filed this appeal in a timely manner on June 12, 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 crown for tooth # 3 under CDT D2751.

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 May 15, 2024, the appellant's dental provider submitted a prior authorization request for procedure number D2751, a porcelain crown fused to predominantly base metal, for tooth number 3. (Testimony; Ex. 6, pp. 5-12). MassHealth issued a denial on the same date stating that the request exceeded the benefit allowance. (Testimony; Ex. 1; Ex. 6, p. 4). The MassHealth representative stated that the benefit allowance for D2751 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 sixty months or five years. (Testimony). MassHealth paid for a crown for tooth number three under this code on November 8, 2022, less than 60 months ago. (Testimony).

Prior to the hearing, the hearing officer forwarded a written statement, photographs, and X-rays the appellant submitted to the Board of Hearings to the MassHealth representative. (Ex. 5; Ex. 7). In his statement the appellant wrote that his experience with the old dentist was overall unpleasant, but he went there for many years despite this because this was the only dentist who took his insurance. (Ex. 5). As he grew older it got to the point where he made many complaints to them. (Ex. 5). Continuing, the appellant wrote that his old dentist placed the crown improperly. (Ex. 5). This led to toothaches, frequent headaches, and excessive gum bleeding for over six months. (Ex. 5). The appellant's new dental office recommended that the old crown be replaced because the placement was causing discomfort. (Ex. 5). The appellant's current dentist informed him that the cement his old dentist used was not recommended because it led to infections. (Ex. 5). Indeed, when the current dentist removed the old crown, it was extremely painful because there was a bacterial infection under the cement. (Ex. 5). The appellant's current dentist had to "kill the nerves" and prescribed a course of antibiotics. (Ex. 5). The appellant has also been using a recommended warm water salt wash. (Ex. 5).

In response, the MassHealth representative stated that he was sorry that the appellant had such an unpleasant experience. (Testimony). He admitted that upon reviewing the X-Rays and photographs that it must have been a quite a challenge for the appellant and for the appellant's new dentist. (Testimony). The MassHealth representative stated that it must be frustrating for the appellant to have experienced this. (Testimony). The MassHealth representative asked the appellant whether he was still experiencing discomfort and stated that MassHealth will pay for emergency care to alleviate the appellant's discomfort. (Testimony).

The appellant stated that he appreciated the MassHealth representative's acknowledgement and that he is currently experiencing less discomfort. (Testimony). The area around the infection is healing but is still not 100% healed. (Testimony). The appellant stated that his new dentist will be able to place a temporary crown very soon. (Testimony).

The appellant further stated the following. The appellant had been a patient at the old dentist for five plus years. (Testimony). The appellant had many bad experiences in their office. The appellant

stated that if there was any way MassHealth could get its money back for the poor work the old dentist did overall or if MassHealth could pay for a new crown it would be great. (Testimony). The old dentist had improperly placed the crown for tooth number 3 after a bad root canal. (Testimony). The appellant had requested the X-rays from the old dentist office, but they only sent him the X-Rays taken before placement of the crown, but after the root canal. (Testimony). Then the old dentist's office stopped responding to him and he learned that they had permanently closed last year. (Testimony). The appellant started going to the current dentist at this time and the current dentist informed the appellant that he had a bacterial infection under the cement. (Testimony). The current dentist informed the appellant that the old dentist placed the cement in the root canal which then, eventually, caused the infection. (Testimony). The appellant had been experiencing toothaches and headaches lasting over twelve months. (Testimony). The appellant's gums would randomly bleed throughout the day and while he was brushing his teeth. (Testimony). These symptoms had a negative impact on his life, making his daily routines and activities uncomfortable. (Testimony). This experience has affected his overall well-being by making it difficult to eat and sleep and perform daily tasks. (Testimony). The appellant stated that he was aware that MassHealth cannot cover a new crown until after five years or sixty months. (Testimony). The current dentist has now removed the old crown, which has helped alleviate the headaches and toothaches. (Testimony). Replacing the crown will completely alleviate the situation. (Testimony).

The MassHealth representative recommended that the appellant speak with the complaint department of MassHealth Dental Program Customer Service. (Testimony). The MassHealth representative told the appellant to specifically request a complaint form. (Testimony). The MassHealth representative gave the appellant both the telephone number as well as a mailing address, if he was not able to reach someone at the telephone number. (Testimony).

Findings of Fact

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

1. On May 15, 2024, the appellant's dental provider submitted a prior authorization request for procedure number D2751, a porcelain crown fused to predominantly base metal, for tooth number three. (Testimony; Ex. 6, pp. 5-12).
2. MassHealth issued a denial on the same date stating that the request exceeded the benefit allowance. (Testimony; Ex. 1; Ex. 6, p. 4).
3. The MassHealth representative stated that the benefit allowance for D2751 is described in the MassHealth Dental Program ORM on page 112. (Testimony).
4. According to the ORM, this service is limited to once every sixty months or five years. (Testimony).

5. MassHealth paid for a crown for tooth number three under this code on November 8, 2022, less than 60 months ago. (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, 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 D2751 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 “D2751, crown - porcelain fused to predominantly base metal” 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 D2751 for tooth number 3 on November 8, 2022. The record further shows that MassHealth received a request for the same service for the same tooth on May 15, 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.

Despite the fact that the appellant provided substantial and credible testimony concerning the poor quality of the services he received in 2022, as well as photographs and x-rays illustrating that point, it does not appear that the regulation or rules allow for an exception to be made to the benefit limitation. That said, the appellant would likely be best served by submitting a written complaint in the way the MassHealth representative described in the hearing.

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