

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409781
Decision Date:	8/14/2024	Hearing Date:	08/02/2024
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway

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

Appeal Decision:	Denied	Issue:	Dental; Prior authorization
Decision Date:	8/14/2024	Hearing Date:	08/02/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
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 June 3, 2024, MassHealth denied the appellant's prior authorization request for code D3348, molar tooth nerve canal repair on tooth 3, because the service was not covered. (See 130 CMR 420.204 and Exhibit 1). The appellant filed this appeal in a timely manner on June 24, 2024 (See 130 CMR 610.015(B) and Exhibit 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 to repair the nerve canal of a molar tooth.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204; 450.105, in denying the appellant's PA request.

Summary of Evidence

Dr. Sheldon Sullaway, the MassHealth representative from DentaQuest, the third-party contractor that administers and manages the dental program available to MassHealth members, appeared at hearing via telephone and testified as follows: On June 3, 2024, the appellant's dental provider submitted a prior authorization request for procedure number D3348, which is the retreatment or repair of the nerve canal of a molar tooth. (Testimony; Exhibit 1). DentaQuest issued a notice denying the request, also on June 3, 2024. (Testimony; Exhibit 1). DentaQuest denied the PA request because the requested procedure is not considered a medical necessity under the regulations. Dr. Sullaway further testified that the actual basis for the denial by DentaQuest is the fact that the appellant has the MassHealth Adult Limited benefit, which only covers emergency services. (Testimony). Dr. Sullaway stated that the appellant should return to the dental clinic that performed the previous root canal for treatment if he is experiencing ongoing pain and discomfort. (Testimony).

The appellant appeared telephonically and testified through an interpreter. The appellant verified his identity and testified as follows: The [REDACTED] Dental clinic put the crown on his tooth and after the procedure the appellant told them that he was having pain. (Testimony). The dentist told the appellant that it was sensitivity and that it would pass. (Testimony). The appellant further testified that since the crown was placed, nearly 18 months ago, he has had pain and that area of his mouth is very sensitive. (Testimony). The appellant stated that there was an infection in the canal of the tooth and that he has had to take antibiotics three times since the original crown was placed. (Testimony). The appellant stated that he was told that he needs to have a remaining nerve cut in the canal to stop the pain. (Testimony). The appellant testified that he was told that the existing crown needs to be removed, the nerve needs to be cut, and the clinic cannot cover any of the charges for him. (Testimony).

Dr. Sullaway responded that unfortunately, this is not an emergency and there is no medical necessity for MassHealth dental members over 21, medical necessity only exists for MassHealth dental members under the age of 21 pursuant to 130 CMR 420.421 (B). MassHealth's records indicate that the appellant is over the age of 21. (Testimony, Exhibit 4). Dr. Sullaway advised the appellant to contact the MassHealth Member's Complaint Department at 800-207-5019 and request a complaint form. He stated that the MassHealth Dental Program must respond to all complaints within 30 days. (Testimony).

Findings of Fact

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

1. On June 3, 2024, the appellant's dental provider submitted a prior authorization request

for procedure number D3348, which is the repair of the nerve canal of a molar tooth. (Testimony; Exhibit 1).

2. DentaQuest issued a notice denying the request, also on June 3, 2024. (Testimony; Exhibit 1).
3. DentaQuest denied the PA request because the appellant has MassHealth Adult Limited benefits. (Testimony).

Analysis and Conclusions of Law

MassHealth Limited only covers what could be considered emergency dental services. As detailed at 130 CMR 450.105 (F), the covered services for MassHealth Limited are as follows:

(F) MassHealth Limited.

- (1) Covered Services. For MassHealth Limited members (see 130 CMR 505.006: *MassHealth Limited* and 130 CMR 519.009: *MassHealth Limited*), the MassHealth agency pays only for the treatment of a medical condition...that manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention reasonably could be expected to result in
- (a) placing the member's health in serious jeopardy;
 - (b) serious impairment to bodily functions; or
 - (c) serious dysfunction of any bodily organ or part.

There are no exceptions pursuant to the regulation. The criteria for an emergency condition under the regulations require that a member's condition could result in placing their health in serious jeopardy, cause serious impairment to their bodily functions, or cause serious dysfunction of any of their bodily organs or parts. According to the appellant's testimony, although he is experiencing pain and discomfort, he is not suffering from acute symptoms that require immediate medical attention as defined by the regulation and therefore the appellant is not eligible to receive the requested procedure with MassHealth Limited coverage. This 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA