

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2410311
<b>Decision Date:</b>	10/16/2024	<b>Hearing Date:</b>	08/09/2024
<b>Hearing Officer:</b>	Emily Sabo	<b>Record Open to:</b>	09/06/2024

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Dr. Sheldon Sullaway, DentaQuest

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Dental Services; Prior Authorization
<b>Decision Date:</b>	10/16/2024	<b>Hearing Date:</b>	08/09/2024
<b>MassHealth's Rep.:</b>	Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South (Telephone)	<b>Aid Pending:</b>	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 6, 2024, MassHealth denied the Appellant's application for MassHealth benefits, specifically, preauthorization for procedure D3330 endodontic therapy for tooth 1 because MassHealth determined that the services are not covered for that tooth. Exhibits 1 and 5; *see also* 130 CMR 420.426. The Appellant filed this appeal in a timely manner on July 2, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied preauthorization for procedure D3330, endodontic therapy for tooth 1.

### Issue

The appeal issue is whether MassHealth was correct to deny the request for preauthorization for dental services because MassHealth does not cover procedure D3330 for tooth 1, as codified in the MassHealth Regulations and the MassHealth Dental Program Office Reference Manual.

### Summary of Evidence

The hearing was held by telephone. MassHealth was represented by a licensed dentist, who is a consultant with DentaQuest, the agent of MassHealth that makes prior authorization determinations for dental services.

On June 6, 2024, the Appellant's dental provider submitted a request for prior authorization for procedure D3330, endodontic therapy for tooth 1. Exhibits 1 & 5. MassHealth denied the request on the grounds that it is not a benefit allowed for tooth 1. Exhibits 1 & 5. The MassHealth representative testified that the requested procedure is an endodontic root canal therapy. The MassHealth representative testified that tooth 1 is a third molar or wisdom tooth and it is not usually a normal, functional tooth. The MassHealth representative cited the Dental Office Reference Manual for supporting the denial.

The Appellant testified through an interpreter and verified his identity. The Appellant is a MassHealth Standard member between the ages of [REDACTED]. The Appellant testified that he is in pain and unable to sleep, and that tooth 1 is one of his few remaining teeth. The Appellant testified that his dentist prescribed pain medication and antibiotics and that he presented the Appellant with two options: a root canal or to pull out tooth 1.

The MassHealth representative testified that the Appellant can have an emergency appointment for pain at no charge. The MassHealth representative thought it was possible that tooth 1 may have erupted and moved into the tooth 2's position but there was no narrative or x-rays from the dentist to support this.

The record was held open until August 23, 2024, for the Appellant to submit x-rays and a narrative from his dental provider, including addressing whether tooth 1 has shifted into tooth 2's position, due to the loss of the other teeth. MassHealth had until September 6, 2024, to review and respond. Exhibit 7. During the record open period, the Appellant submitted x-rays of his teeth. The Appellant also submitted a letter from his dentist stating that he explained to the Appellant that he could have a root canal or extraction, but that the insurance would not pay for the root canal, and that an option would be to have it performed at a dental school for less money. Exhibit 6. The MassHealth representative reviewed the x-rays and responded:

Thank you for the x-rays I received today. On the upper right side tooth #1 is in its normal position and next to teeth #2 and #3. There was no missing teeth for tooth #1 to drift into space #2 as it sometimes happens. I have to uphold the denial of procedure D3330 because tooth #1 is not a covered tooth. See Office Reference Manual on page 113 of 205.

*Id.* at 2.

## **Findings of Fact**

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

1. The Appellant is a MassHealth Standard member between the ages of [REDACTED] Exhibit 4.
2. On June 6, 2024, the Appellant, through his dental provider, sought preauthorization for procedure D3330, endodontic therapy for tooth 1. Testimony, Exhibits 1 & 5.
3. On June 6, 2024, MassHealth denied preauthorization for procedure D3330 for tooth 1 as a non-covered service. Testimony, Exhibits 1 & 5.
4. The Appellant timely appealed on July 2, 2024. Exhibit 2.

## Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program only pay for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. See 130 CMR 450.204; 130 CMR 420.410. In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq.,<sup>1</sup> covered services for certain dental treatments are subject to the relevant limitations of 130 CMR 420.421 through 420.456. 130 CMR 420.426 provides the following:

### 420.426: Service Descriptions and Limitations: Endodontic Services

The MassHealth agency pays for endodontic services including all radiographs performed with the exception of panoramic radiographs, during the treatment visit. The MassHealth agency pays for endodontic services for all MassHealth members in accordance with the service descriptions and limitations described in 130 CMR 420.426.

#### (A) Pulpotomy.

- (1) The MassHealth agency pays for a therapeutic pulpotomy for members younger than [REDACTED] years old only.
- (2) Therapeutic pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing. This procedure is performed on primary or permanent teeth. It is limited to instances when the prognosis is favorable, and must not be performed on primary teeth that are ready to exfoliate or permanent teeth with advanced periodontal disease or to be used for

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<sup>1</sup> 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual as a source of additional explanatory guidance beyond the regulations. It is noted that references in the Regulations to the Dental Manual include the pertinent state regulations, the administrative and billing instructions, and service codes found in related subchapters and appendices.

apexogenesis.

(3) The MassHealth agency does not pay for pulpotomy on deciduous teeth that are ready to exfoliate.

(4) The MassHealth agency does not pay for pulpotomy as the first stage of root canal therapy.

(5) The MassHealth agency does not pay for a pulpotomy performed on the same date of service as root canal therapy. (See 130 CMR 420.456(C) regarding palliative treatment.)

(B) Endodontic Root Canal Therapy.

(1) General Conditions.

(a) Payment by the MassHealth agency for root canal therapy includes payment for all preoperative and postoperative treatment; diagnostic (for example, pulp vitality) tests; and pretreatment, treatment, and post-treatment radiographs and anesthesia. MassHealth does not pay for pulpotomy as a separate procedure from root canal therapy.

(b) The provider must maintain a radiograph of the completed root canal in the member's dental record.

**(c) The MassHealth agency pays for root canal therapy on permanent anterior teeth, bicuspid, and first and second molars, but does not pay for root canal therapy on third molars.** Root canal therapy is limited to the permanent dentition only if the periodontal condition of the remaining dentition and soft tissue are stable with a favorable prognosis.

(C) Endodontic Retreatment.

(1) The MassHealth agency pays for endodontic retreatment of permanent anterior, bicuspid, and first and second molar teeth for all MassHealth members. This procedure may include the removal of a post, pins, old root canal filling material, and the procedures necessary to prepare the canals and place the canal filling.

(2) Payment includes all retreatments within 24 months of the original root canal.

(D) Apicoectomy/Periradicular Surgery.

(1) The MassHealth agency pays for an apicoectomy as a separate procedure for all MassHealth members following root canal therapy when the canal cannot be retreated through reinstrumentation.

(2) Payment by the MassHealth agency for an apicoectomy with root canal filling includes payment for the filling of the canal or canals and removing the pathological periapical tissue and any retrograde filling in the same period of treatment.

(E) Pulp Cap. The MassHealth agency pays for indirect pulp cap on primary and permanent tooth to preserve tooth's vitality once per tooth lifetime.

130 CMR 420.426 (emphasis added)

The Office Reference Manual specifies that the teeth covered for procedure D3330 are teeth 2, 3, 14, 15, 18, 19, 30, and 31.<sup>2</sup> The Manual specifies that D3330 has a limit of once per lifetime per patient per tooth.

I am sorry the Appellant is experiencing pain. However, MassHealth did not err in denying the request for procedure D3330 for tooth 1. MassHealth regulations at 130 CMR 420.426(B)(1)(c) are clear that third molars, or “wisdom teeth,” are not covered for endodontic root canal therapy. Also, tooth 1 is not listed as a covered tooth for procedure D3330 in the Office Reference Manual.

Based on the MassHealth regulations and MassHealth Dental Office Reference Manual, MassHealth’s determination that procedure D3330 for tooth 1 is not a covered service is upheld. 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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA

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<sup>2</sup> It is available online at: <https://masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>.