

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2411922
<b>Decision Date:</b>	9/16/2024	<b>Hearing Date:</b>	09/06/2024
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.		

**Appearance for Appellant:**  
Pro se

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



*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>	Prior Authorization; Dental Services
<b>Decision Date:</b>	9/16/2024	<b>Hearing Date:</b>	09/06/2024
<b>MassHealth's Rep.:</b>	Dr. Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South 1 (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 July 23, 2024, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedure D2740, because the service is limited to once every 60 months. See Subchapter 6 of the Dental Manual and Exhibits 1, 5. The Appellant filed this appeal in a timely manner on April 10, 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 prior authorization for procedure D2740 (crown – porcelain/ceramic) for tooth 9.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to Subchapter 6 of the Dental Manual, to deny the request for prior authorization for dental services for the Appellant because MassHealth only covers procedure D2740 once every 60 months.

### Summary of Evidence

The hearing was held telephonically. The Appellant verified her identity. The Appellant is an adult between the ages of 21 to 64. MassHealth was represented telephonically by a licensed dentist, who is a consultant with DentaQuest, the agent of MassHealth that makes prior authorization determinations for dental services.

On July 23, 2024, the Appellant's dental provider, [REDACTED] submitted a request for prior authorization for procedure code D2740 (crown – porcelain/ceramic) for tooth 9. MassHealth denied the request for procedure code D2740 (crown – porcelain/ceramic) on the basis that the procedure is authorized once every 60 months. The MassHealth representative testified that the Appellant last had the procedure performed on tooth 9 on August 27, 2022. The MassHealth representative testified that because the Appellant has already received such service within 60 months, she is not eligible for D2740 on tooth 9.

The Appellant testified that her previous crown came out while she was eating, and she swallowed the crown. Testimony. “[Tooth 9] is an upper front tooth, and the other crown is still there.”<sup>1</sup> Testimony. The MassHealth representative asked the Appellant if she returned to the dentist who performed the previous work, and whether a temporary crown was offered. The Appellant answered that a temporary crown was not offered. The Appellant stated that she has receding gumlines, gingivitis, and the “root is only covered by a thin layer of enamel.” Testimony. She concluded her testimony by stating that “her voice is messed up and my appearance is different.”

Dr. Sullaway stated that he was sorry to read in the record and hear from the Appellant that she was having medical issues. He stated that unfortunately, pursuant to another regulation, there is no “medical necessities for dental members over 21<sup>2</sup>,” although there is for children. Since the Appellant is [REDACTED] in MassHealth's records and she had the procedure on the same tooth within the last 60 months, he must uphold MassHealth's determination. Testimony.

## Findings of Fact

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

1. The Appellant is an adult between the ages of 21 to 64. Testimony; Exhibit 5.
2. On July 23, 2024, the Appellant, through her dental provider, sought prior authorization for procedure D2740 for tooth 9. Testimony; Exhibit 6.

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<sup>1</sup> The Appellant has another crown next to tooth 9 that is apparently still intact; the status of that tooth has no bearing on this hearing decision.

<sup>2</sup> Dr. Sullaway cited 130 CMR 420.421(B) as the basis for MassHealth's no “medical necessity” determination for adults over the age of 21.

3. On July 23, 2024, MassHealth denied prior authorization for procedure D2740 for tooth 9. Testimony; Exhibit 1.
4. The Appellant had procedure D2740 performed on tooth 9 on August 27, 2022, which MassHealth covered. Testimony.

## 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*, covered services for certain dental treatments are subject to the relevant limitations of 130 CMR 420.421 through 420.456.

The MassHealth regulations provide the following:

(A) Medically Necessary Services. The MassHealth agency pays for the following dental services when medically necessary:

- (1) the services with codes listed in Subchapter 6 of the Dental Manual, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456;

130 CMR 420.421(A)(1).

### 420.425: Service Descriptions and Limitations: Restorative Services

The MassHealth agency pays for restorative services in accordance with the service descriptions and limitations in 130 CMR 420.425(A) through (E). The MassHealth agency considers all of the following to be components of a completed restoration (local anesthesia tooth preparation, acid etching, all adhesives applications, resin bonding agents, amalgam bonding agents, liners, bases, amalgams, resin-based composites, glass ionomers, curing and polishing) and includes them in the payment for this service. The MassHealth agency does not pay for composite or amalgam restorations replaced within one year of the date of completion of the original restoration when replaced by the same provider or dental group. The initial payment includes all restorations replaced due to defects or failure less than one year from the original placement.

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(C) Crowns, Posts and Cores.

....

- (2) Members 21 Years of Age and Older. The MassHealth agency pays for the following

crown materials on permanent incisors, cuspids, bicuspid, and first and second molars:

(a) crowns porcelain fused to predominantly base metal;

(b) crowns made from porcelain or ceramic;

(c) stainless steel crowns only if crown porcelain fused to predominately base metal is unsuitable and extraction (the alternative treatment) would cause undue medical risk for a member with one or more medical conditions that include, but are not limited to,

1. hemophilia;

2. history of radiation therapy;

3. acquired or congenital immune disorder;

4. severe physical disabilities such as quadriplegia;

5. profound intellectual or developmental disabilities; or

6. profound mental illness; and

(d) posts and cores and/or pin retention.

....

(E) Crown or Bridge Repair. The MassHealth agency pays for chairside crown repair for all members and fixed partial denture repair only for members younger than 21 years old. A description of the repair must be documented in the member's dental record. The MassHealth agency pays for unspecified restoration procedures for crown repair by an outside laboratory only if the repair is extensive and cannot be done chairside.

130 CMR 420.425(C)(2) and (E).

Subchapter 6 of the Dental Manual includes procedure code D2740 and states such service is covered once per 60 months per tooth.<sup>3</sup> Accordingly, as the Appellant received the procedure on tooth 9 on August 27, 2022, the request exceeds the benefit limitation as less than 60 months have passed since then. Therefore, MassHealth did not err in denying the request and the appeal is denied.

## Order for MassHealth

None.

## Notification of Your Right to Appeal to Court

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<sup>3</sup> Subchapter 6 can be found online at: <https://www.mass.gov/files/documents/2023/05/18/sub6-den.pdf>.

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

MassHealth Representative: DentaQuest 1, MA