# Office of Medicaid BOARD OF HEARINGS

#### **Appellant Name and Address:**



Appeal Decision: Denied Appeal Number: 2412860

Decision Date: 11/12/2024 Hearing Date: 11/6/2024

Hearing Officer: David Jacobs

Appearance for Appellant:

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

Appeal Decision: Denied Issue: PA – Tooth Crown

Decision Date: 11/12/2024 Hearing Date: 11/6/2024

MassHealth's Rep.: Dr. Sheldon Sullaway Appellant's Rep.:

Hearing Location: Board of Hearings Aid Pending: No

(Remote)

## **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 26, 2024, MassHealth denied appellant's request for a porcelain crown on tooth #19 because the appellant received this service less than 60 months ago. The appellant filed this appeal in a timely manner on August 19, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Challenging a denial of a prior authorization request is valid grounds for appeal (see 130 CMR 610.032).

# **Action Taken by MassHealth**

MassHealth denied the appellant's prior authorization request for a porcelain crown on tooth #19.

#### Issue

The appeal issue is whether MassHealth was correct in denying the appellant's prior authorization request.

## **Summary of Evidence**

The MassHealth representative, a licensed dentist, appeared telephonically for MassHealth on behalf of DentaQuest, the MassHealth dental contractor. The representative testified that the appellant submitted a request on June 26, 2024 for D2740, a porcelain crown on tooth #19 which was denied because the appellant received the same service on August 15, 2022. For individuals over 21, MassHealth limits benefits for D2740 crowns to once every 60 months (Dental Manual, pg. 112). As the appellant received this benefit within 60 months of the prior authorization at issue he must uphold the denial of service. He added that there was a note on the file that the appellant was dealing with pain and infection with crown at issue. He suggested she contact her dentist for an emergency appointment to have it looked at.

The appellant, an adult over the age of the 21, appeared telephonically for the hearing. She conceded to the facts stated by MassHealth and added that she has been back to her dentist many times since receiving the crown at issue. She testified that the crown has been causing her pain and infection ever since it was put in and her dentist has only offered to prescribe her antibiotics to treat it instead of fixing the problem. She testified that she does not want to continue living with the pain the crown is causing her and needs to get it fixed.

The MassHealth representative agreed that the crown needs to be fixed and offered that the appellant should contact the MassHealth complaint department. He testified that they may be able to reach out to the dentist and work out a solution to the problem. The appellant responded that she had tried to do that but was told to submit an appeal. However, she would try again after these proceedings.

## **Findings of Fact**

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

- 1. The appellant is over the age of 21.
- 2. On August 15, 2022, the appellant had a porcelain crown placed on tooth #19.
- 4. The porcelain crown has caused pain and has gotten infected.
- 5. The appellant's dentist has refused to fix the crown and has prescribed the appellant antibiotics for the infection.
- 6. On June 26, 2024, the appellant submitted a prior authorization for a porcelain crown on tooth #19.

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- 7. On June 26, 2024, the appellant prior authorization request was denied because she received the same service within 60 months of the request.
- 8. On August 19, 2024, the appellant appealed the denial.

## **Analysis and Conclusions of Law**

130 CMR 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, porcelain 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.

- (C) Crowns, Posts and Cores.
  - (1) Members Younger than 21 Years Old . The MassHealth agency pays for the following crown materials on permanent incisors, cuspids, bicuspids, and first and second molars:
    - (a) crowns made from resin-based composite (indirect);
    - (b) crowns porcelain-fused to predominantly base metal;
    - (c) crowns porcelain-fused to high noble metal;
    - (d) crowns made from porcelain or ceramic;
    - (e) crowns porcelain-fused to semi-precious metal;
    - (f) full case high noble metal;
    - (g) posts and cores and/or pin retention; and
    - (h) prefabricated porcelain/ceramic crown primary tooth; and
    - (i) prefabricated stainless steel crowns for primary and permanent posterior teeth or prefabricated resin crowns for primary and permanent anterior teeth. Stainless steel or prefabricated resin crowns are limited to instances where the prognosis is favorable and must not be placed on primary teeth that are mobile or show advanced resorption of roots. The MassHealth agency pays for no more than four stainless steel or prefabricated resin crowns per member per date of service, except in cases that are treated in a hospital operating room or ambulatory care center.

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- (2) Members 21 Years of Age and Older. The MassHealth agency pays for the following crown materials on permanent incisors, cuspids, bicuspids, 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.

#### Dental Manual pg. 112

Benefit Limitations: D2751 crown

- porcelain fused to predominantly base metal
- 21 and older
- Teeth: 2-15, 18-31
- One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.

#### (Emphasis Added)

Here, it is undisputed that the appellant is over the age of 21 and is requesting a D2740 porcelain crown. As per the MassHealth regulations and dental manual, the appellant can only receive the service once every 60 months (130 CMR 420.425(C) and the Dental Manual, pg. 112). It is undisputed that the appellant received the same service on August 15, 2022, less than 60 months since the prior authorization request submitted on June 26, 2024. The appellant testified that the crown she received in 2022 has been causing her pain and has given her infection. However, she offered no legal basis to make an exception to the benefit limitations set forth in the MassHealth Dental Manual. Therefore, the appellant has not met her burden to show that MassHealth erred in denying the prior authorization request.

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.

David Jacobs Hearing Officer Board of Hearings

cc:

DentaQuest

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