

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2414071
Decision Date:	12/5/2024	Hearing Date:	10/17/2024
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se



Appearances for Fallon Health (SCO):
Kay George, R.N., Appeals Nurse
John O'Brien, ACO Appeals & Grievances
Supervisor
Ricky Mason, DDS, DentaQuest Consultant



*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:	SCO; Prior Authorization; Dental Services
Decision Date:	12/5/2024	Hearing Date:	10/17/2024
SCO's Reps.:	Fallon Health, <i>et. al.</i>	Appellant's Rep.:	██████
Hearing Location:	Board of Hearings, Remote	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 an internal appeal determination notice dated 8/8/24, Fallon Health (Fallon), a Senior Care Options (SCO) and managed care contractor with MassHealth, informed Appellant that it was upholding its denial of requested dental services, i.e., service code D2740 for the replacement of an existing crown. *See* Exh. 2. On 9/12/24, Appellant appealed the adverse determination to the Board of Hearings in a timely manner. *See* 130 CMR 610.015(B) and Exhibit 1. Denial of assistance is valid grounds for appeal.¹ *See* 130 CMR 610.032(B).

Action Taken by SCO

¹ Fair Hearing regulations at 130 CMR 610.032(B) set forth the grounds under which a MassHealth beneficiary and enrollee of a Managed Care Contractor (MCC), such as a SCO, may appeal an adverse MCC coverage determination to the Board of Hearings. Grounds for appeal include, but are not limited to, the MCC's failure to provide services in a timely manner, a decision to deny or provide limited authorization of a requested service; and a decision to reduce, suspend or terminate a previous authorization for a service. *Id.* The enrollee must first exhaust all opportunities to remedy the adverse determination through the MCC's internal appeal process before it may appeal to the Board of Hearings. *See* M.G.L. c. 118E § 48; *see also*, 130 CMR §§ 610.002, 610.032(B) and 130 CMR 508.010(B).

Pursuant to an internal level 1 appeal, Fallon upheld its initial determination to deny Appellant's request for the replacement of an existing crown under service code (D2740) because the provider did not submit adequate documentation to demonstrate medical necessity for the requested treatment.

Issue

The appeal issue is whether Fallon, in its capacity as a SCO managed care program with MassHealth, erred in denying Appellant's prior authorization request for a replacement crown due to the absence of documentation to demonstrate medical necessity of the requested treatment.

Summary of Evidence

Representatives from Fallon Health appeared at the hearing by telephone and presented the following testimony and documentary evidence: Appellant is an adult male over the age of 65 and is enrolled in Fallon's SCO program (also known as Fallon NaviCare). In its capacity as a SCO, Fallon is responsible for coordinating and managing Appellant's Medicare and Medicaid benefits. On 7/4/24, Fallon received a prior authorization (PA) request on behalf of Appellant, sent by his dental provider, seeking coverage for a replacement crown on tooth #31 under service codes D2740 (*crown-porcelain/ceramic*) and D2954 (*post-core-placement*). See Exh. 4, p. 6.

Through a notice dated 7/7/24, Fallon denied the request on the basis that the documentation submitted with the PA request did not demonstrate medical necessity for the proposed treatment. *Id.* at 7. For background, the Fallon representatives testified that within the past 5 years, Fallon already covered a crown restoration for Appellant on tooth #31. In submitting the new request, Appellant's provider included several radiographic images dated 4/13/23 and 12/4/23, respectively, which showed that Appellant still had the previously approved crown on tooth #31. *Id.* at 15-17. However, according to the Fallon representatives, the x-ray images did not show evidence that the tooth had decay or dental carries underneath the existing cap, which is a necessary requirement to justify coverage of a replacement crown. On this basis, Fallon notified Appellant and his provider that the PA request was denied. *Id.* at 7-30.

On 7/18/24, Appellant contacted Fallon to request an internal appeal of the coverage determination. *Id.* at 8. A secondary review of the PA request, including the clinical narrative and radiographs, was conducted by Fallon's Medical Director for Utilization Review, as well as DentaQuest dental consultant for Fallon. *Id.* at 11-19. Case notes produced by Fallon show that on 8/5/24, as part of the appeal process, Fallon contacted Appellant's dental provider to ask if there were any current notes or x-rays that could be submitted for further consideration. *Id.* at 30. In response, the dental provider's office confirmed that Fallon had all current information on the member and the provider had no additional information to provide. *Id.*

On 8/8/24, Fallon issued an Appeal Decision Letter, which upheld its initial denial, stating, in relevant part, the following:

The request for crown-porcelain / ceramic (tooth 31) is denied because documentation provided does not demonstrate the need for replacement of the existing crown. Note that an open margin without documented presence of active recurrent decay does not meet criteria for crown replacement. Esthetics is also not included as a need for replacement of the existing crown. Cosmetic reasons in relations to the replacement of the existing crown is not a covered benefit.

Id. at 11.

According to its 2024 Evidence of Coverage, Fallon's NaviCare SCO program covers all of Appellant's covered MassHealth dental services that are medically necessary. *Id.* p. 31. An Appeals Nurse, appearing for Fallon, testified that such determinations are made based on MassHealth program regulations and DentaQuest's Utilization Review Criteria and Clinical Guidelines (hereinafter "Clinical Guidelines") applicable to MassHealth SCO members. *Id.* at 45. Exhibit D of the Clinical Guidelines states that "replacement crowns are allowed only on teeth with recurrent decay or missing crowns" and that the presence of "open margins, in the absence of decay, are considered cleansable and do not require replacement." *Id.* at 45-46. Additionally, replacement crowns "are not benefited due to chipped or fractured porcelain without decay" and "crowns being placed for cosmetic purposes are not a covered benefit." *Id.*

Next, a DentaQuest dental consultant appearing on behalf of Fallon, Dr. Ricky Mason, DDS, testified that the radiographic images of tooth #31 showed a non-carious tooth structure going from the margins of the crown to the natural tooth structure. Dr. Mason explained that the tooth "margin" is the junction where the tooth and the crown meet. If recurrent carries were present in the crown, it would appear in the x-ray images as dark areas around the margin. Referring to the x-rays submitted with the PA request, Dr. Mason explained that no dark areas are visible in the margins of tooth #31. Accordingly, the denial was appropriately upheld, according to Dr. Mason.

Appellant appeared at hearing and testified that his dentist submitted the PA request after he began experiencing significant pain in the affected tooth while eating. When the Appellant went to have the tooth looked at, his dentist told him that he had a cavity inside the crown. Appellant testified that his provider explained to him that he needed to cut and remove the existing crown before he could fill the cavity, and that he would then need to secure the filling with a new replacement crown. Appellant testified that he does not understand why the service is being denied. His provider told him that it is necessary, and he continues to be in severe pain. Appellant testified that eating solid foods has become too painful, so currently, he is only eating soft foods. Appellant stated that he cannot say whether the pain is related to the cavity or something else; however, this is what his dentist has told him, and any further details

would need to be provided through his dentist.

In response, the representatives from Fallon explained that if updated images or documentation exists, his provider can always submit a new prior authorization for reconsideration.

Findings of Fact

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

1. Appellant is an adult male over the age of 65 and is enrolled in Fallon's SCO program.
2. On 7/4/24, Fallon received a PA request on behalf of Appellant, sent by his dental provider, seeking coverage for a replacement crown on tooth #31 under service codes D2740 (*crown-porcelain/ceramic*) and D2954 (*post-core-placement*).
3. The PA request was submitted after Appellant began experiencing pain in tooth #31.
4. Included with his PA request, Appellant's provider provided radiographic images dated 4/13/23 and 12/4/23, respectively, which showed that Appellant still had a previously approved crown on tooth #31 but showed no evidence of tooth decay or dental carries underneath the existing cap.
5. Through a notice dated 7/7/24, Fallon denied the request on the basis that the documentation submitted with the PA request did not demonstrate medical necessity for the proposed treatment.
6. On 7/18/24, Appellant requested an internal appeal of the coverage determination.
7. A secondary review of the PA request, including the clinical narrative and radiographs, was then performed by Fallon's Medical Director for Utilization Review, as well as DentaQuest dental consultant for Fallon.
8. On 8/5/24, as part of the appeal process, Fallon contacted Appellant's dental provider to ask if there were any current notes or x-rays that could be submitted for further consideration, but the dental provider's office confirmed that it submitted all documentation with the initial PA request.
9. On 8/8/24, Fallon issued an Appeal Decision Letter, which upheld its initial denial, stating, relevant part, the following: *The request for crown-porcelain/ceramic (tooth 31)*

is denied because documentation provided does not demonstrate the need for replacement of the existing crown. Note that an open margin without documented presence of active recurrent decay does not meet criteria for crown replacement. Esthetics is also not included as a need for replacement of the existing crown. Cosmetic reasons in relations to the replacement of the existing crown is not a covered benefit.

10. As of the hearing date, Appellant continues to experience pain in tooth #31 which has limited his ability to eat solid foods.

Analysis and Conclusions of Law

This appeal addresses whether Fallon appropriately denied Appellant's request for a replacement crown under service code D2740 (*crown-porcelain/ceramic*). Appellant is a MassHealth and Medicare ("dual eligible") member enrolled in Fallon's Senior Care Options (SCO) program. Under its contracts with state and federal agencies, Fallon, in its capacity as a SCO, is responsible for providing enrolled members with the full continuum of health services covered under their Medicaid and Medicare benefits. See M.G.L. c. 118E, § 9D(a); 130 CMR 610.004; 130 CMR 450.105. The SCO must ensure that the "duration and scope of Medicaid-covered services [available to its members] shall be *at a minimum no more restrictive than the scope of services provided under MassHealth standard coverage...*" *Id.*

Here, Appellant's dental provider submitted a PA request seeking replacement of an existing crown on tooth #31. As a MassHealth beneficiary, Fallon must cover all medically necessary dental services covered under MassHealth regulations at 130 CMR §§ 420.000 and 450.000 and as listed in Subchapter 6 of the MassHealth *Dental Manual*. See 130 CMR 420.421(A). With respect to restorative dental services, such as crowns, MassHealth regulations provide the following:

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.

...

(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

...

(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.

See 130 CMR 420.425.²

According to, Subchapter 6 of the MassHealth Dental Manual, service code D2740 - at issue in this appeal - is covered for members 21 years of age or older "*once per 60 months per tooth.*" See MassHealth *Dental Manual* Subchapter 6, § 606, p. 6-6 (1/1/23). Although MassHealth does not typically require PA for crown services, it does require prior authorization for any exception to a limitation on a service otherwise covered for that member. *Id.* at §602(A)(2); *see also* 130 CMR 420.410.(B)(3). Because Fallon previously covered a crown for Appellant on tooth #31 within the 60-month limit, it appropriately sought PA review using DentaQuest's Utilization Review Criteria and Clinical Guidelines for conducting medical necessity for Medicaid covered services.³ The Clinical Guidelines allow for replacement crowns in the following cases:

...

F. Replacement crowns are allowed only on teeth with recurrent decay or missing crowns. Open margins, in the absence of decay, are considered cleansable and do not require replacement.

G. Replacement crowns are not benefited due to chipped or fractured porcelain, without decay.

H. Crowns being placed for cosmetic purposes are not a covered benefit.

See Exh. 4, pp. 45-46.

² Prior to January 2021, crowns were considered non-covered services for members aged 21 and older. MassHealth later expanded coverage of restorative services for the adult population in January and October of 2021, to include reimbursement for crowns on permanent teeth. See MassHealth Transmittal Letters DEN-109 (January 2021) and DEN-111 (Oct. 2021).

³ Notably, 130 CMR 420.425, above, addresses MassHealth's coverage of *crown repair* services, but, with the exception of the 5-year benefit limit, does not appear to authorize *crown replacement* services.

At hearing, the representatives from Fallon explained that the PA documentation submitted by the provider failed to meet the requisite clinical criteria to warrant reimbursement of a replacement crown. Specifically, Dr. Mason, a dental consultant appearing on behalf of Fallon, testified that the x-rays submitted with the PA request confirmed that Appellant still had his existing crown on tooth #31 and that there were no visible signs of decay from the margin of the crown to the natural tooth structure. Although Appellant credibly testified that he was experiencing severe pain which his dentist attributed to a cavity beneath the crown, his testimony alone, without supporting documentation, is insufficient to demonstrate medical necessity for the crown replacement. It was also noted that the radiographs submitted with the PA request were taken at least six months prior to the onset of Appellant's symptoms. Despite being given an opportunity to submit updated records for the internal appeal, the provider declined and insisted it all pertinent documentation had been included in the initial PA request. Absent documentary evidence to establish medical necessity for the replacement crown, Fallon did not err in denying Appellant's PA request. On this basis, the appeal is DENIED.

Order for SCO

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.

Casey Groff
Hearing Officer
Board of Hearings

MassHealth Representative: Fallon Health, Member Appeals and Grievances, 10 Chestnut Street, Worcester, MA 01608