

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2415353
Decision Date:	02/11/2025	Hearing Date:	11/08/2024
Hearing Officer:	Emily Sabo	Record Open to:	12/27/2024

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:	Dental Services; Prior Authorization
Decision Date:	02/11/2025	Hearing Date:	11/08/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	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 October 4, 2024, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedure D2740 (crown) for tooth 19 because it 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 October 7, 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 19.

Issue

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

Summary of Evidence

The hearing was held by telephone. The Appellant verified his identity. The Appellant is over the age of 21 and a MassHealth CarePlus member. 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 October 4, 2024, the Appellant's dental provider submitted a request for prior authorization for procedure code D2740 (crown – porcelain/ceramic) for tooth 19. The MassHealth representative testified that MassHealth denied the request for procedure D2740 on the basis that the procedure is authorized once every 60 months. The MassHealth representative testified that the Appellant had procedure D2740 performed on tooth 19 on July 16, 2024. The MassHealth representative testified that because the Appellant has already received such service within 60 months, he is not eligible for D2740 on tooth 19.

The Appellant testified that what he received was only a temporary crown, not a permanent crown, when he received the procedure in July 2024. He testified that he wanted his new provider, [REDACTED] to complete the procedure. The MassHealth representative testified that the Appellant's previous provider, [REDACTED], charged MassHealth for a permanent crown, which MassHealth paid.

The record was held open until November 27, 2024 for the Appellant to file a complaint with MassHealth about the temporary crown, and until December 27, 2024 for MassHealth to review and respond. On February 6, 2025, MassHealth responded that the Appellant did not file a complaint.

Findings of Fact

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

1. The Appellant is a MassHealth CarePlus member over the age of 21. Testimony; Exhibit 4.
2. On October 4, 2024, the Appellant, through his dental provider, sought prior authorization for procedure D2740 for tooth 19. Testimony; Exhibit 5.
3. On October 4, 2024, MassHealth denied prior authorization for procedure D2740 for tooth 19. Testimony; Exhibit 5.
4. The Appellant had procedure D2740 performed on tooth 19 on July 16, 2024. Testimony; Exhibit 5.

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.

....

(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), (E).

Subchapter 6 of the Dental Manual includes procedure code D2740 and states such service is covered once per 60 months per tooth.¹ Accordingly, as the Appellant received the procedure on tooth 19 on July 16, 2024, the request exceeds the benefit limitation as it less than 60 months have passed since then. Therefore, MassHealth did not err in denying the request and the appeal is denied.²

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

¹ Subchapter 6 can be found online at: <https://www.mass.gov/files/documents/2024/06/27/sub6-den.pdf>.

² If the Appellant is interested in filing a complaint about the service he received July 16, 2024, according to the MassHealth representative's testimony, the Appellant can call 800-207-5019 to request a member complaint form and send the completed complaint form to: MassHealth Dental Program, Attn: Intervention Services, PO Box 2906, Milwaukee, WI 53201-2906.

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Emily Sabo
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA