

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2415781
Decision Date:	2/18/2025	Hearing Date:	11/15/2024
Hearing Officer:	Marc Tonaszuck	Record Open to:	12/29/2024

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

Appeal Decision:	Denied	Issue:	Dental Services – General Dental
Decision Date:	2/18/2025	Hearing Date:	11/15/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway, DentaQuest	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center	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 08/21/2024, MassHealth denied the Appellant's prior authorization request for a resin-based composite on teeth numbers 17 and 18 and crowns on teeth 13 and 14 (130 CMR 420.428; Exhibits 1 and 4). The Appellant filed this appeal in a timely manner on 10/15/2024 (130 CMR 610.015(B); Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

A fair hearing was held before the Board of Hearings on 11/15/2024 (Exhibit 3). The appellant attended telephonically as did the MassHealth representative. At the fair hearing, the appellant requested an opportunity to submit additional documentation in support of her appeal. Her request was granted, and the record remained open until 12/13/2024 for her submission and until 12/29/2024 for MassHealth's response. Neither party made a submission during the record open period.

Action Taken by MassHealth

MassHealth denied the Appellant's request for a resin-based composite on teeth numbers 17 and 18 and crowns on teeth numbers 13 and 14 because she exceeded the benefit limitation.

Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's request for a resin-based composite on teeth numbers 17 and 18 and crowns on teeth 13 and 14 due to having exceeded the MassHealth benefit limitation.

Summary of Evidence

The hearing was held telephonically. The Appellant verified her identity. The Appellant is a MassHealth member who is over the age of 21. 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 08/22/2024, the Appellant's dental provider submitted a request for prior authorization for procedure code D2392 (resin-based composite) for tooth 17, procedure code D2391 (resin-based composite) for tooth 18, procedure code D2740 (crown – porcelain/ceramic) for tooth 13 and procedure code D2740 (crown – porcelain/ceramic) for tooth 14.

MassHealth denied the request for procedure code D2391 and D2392 (resin-based composite) for teeth 17 and 18 on the basis that the procedure is authorized once every year. The MassHealth representative testified that the Appellant last had the above procedures performed on teeth 17 and 18 on 02/27/2024. The MassHealth representative testified that because the Appellant has already received such service within one year, she is not eligible for D2391 on tooth 17 and D2392 for tooth 18.

MassHealth denied the request for procedure code D2740 (crown – porcelain/ceramic) for the teeth 13 and 14 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 teeth 13 and 14 on 08/30/2023. The MassHealth representative testified that because the Appellant has already received such service within 60 months, she is not eligible for D2740 on teeth 13 and 14.

The Appellant testified that she has pain in tooth 18 and she has "a lot of the tooth missing." The Appellant explained that she has had difficult experiences with her dental providers. She complained that her teeth had been "shaved down" to a "funky shape." She testified that the crowns were removed, and she has "lost them." She explained she has temporary crowns on the

teeth now.

The Appellant requested additional time to submit documentation in support of her appeal. Her request was granted, and the record remained open until 12/13/2024 for her submission and until 12/29/2024 for MassHealth's response (Exhibit 5).

Neither party made a submission during the record open period.

Findings of Fact

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

1. The Appellant is an adult MassHealth member (Exhibit 4).
2. On 08/22/2024, the Appellant's dental provider submitted a request for prior authorization for procedure code D2392 (resin-based composite) for tooth 17, procedure code D2391 (resin-based composite) for tooth 18, procedure code D2740 (crown – porcelain/ceramic) for tooth 13 and procedure code D2740 (crown – porcelain/ceramic) for tooth 14 (Testimony; Exhibit 4).
3. On 08/22/2024, MassHealth denied the Appellant's prior authorization request for a resin-based composite on teeth numbers 17 and 18 and crowns on teeth 13 and 14 (Testimony; Exhibit 4).
4. On 02/27/2024, MassHealth paid for the Appellant to receive resin-based composite for teeth 17 and 18 (Testimony).
5. On 08/30/2023, MassHealth paid for the Appellant to receive crowns on teeth 13 and 14 (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 at 130 CMR 420.421(A)(1) 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.

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 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 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 teeth 13 and 14 on 08/30/2023, the request exceeds the benefit limitation as less than 60 months have passed since then. Therefore, MassHealth did not err in denying the request.

Subchapter 6 of the Dental Manual includes procedure codes D2391 and D2392 and it states such service is covered once per year per tooth. Accordingly, as the Appellant received these procedures on teeth 18 and 17, respectively, on 02/27/2024, the request exceeds the benefit limitation as less than one year has passed since then. Therefore, MassHealth did not err in denying the 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA

¹ Subchapter 6 can be found online at: <https://www.mass.gov/files/documents/2023/05/18/sub6-den.pdf>.