

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416937
Decision Date:	1/27/2025	Hearing Date:	12/13/2024
Hearing Officer:	Emily Sabo		

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; Prior Authorization
Decision Date:	1/27/2025	Hearing Date:	12/13/2024
MassHealth's Rep.:	Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Virtual)	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 7, 2024, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedures D2740 and D2952, because the procedure D2740 is limited to once every 60 months and procedure D2952 is not a covered service. See Subchapter 6 of the Dental Manual and Exhibits 1, 5. The Appellant filed this appeal in a timely manner on November 5, 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 31 and procedure D2952 (cast post and core) for tooth 31.

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 and does not cover procedure

D2952.

Summary of Evidence

The hearing was held virtually. The Appellant verified his identity. The Appellant is over the age of 21 and a MassHealth Standard 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 7, 2024, the Appellant's dental provider submitted a request for prior authorization for procedure code D2740 (crown – porcelain/ceramic) and procedure code D2952 (cast post and core) for tooth 31. The Appellant's dental provider submitted a narrative stating: "Tooth # 31 presents with existing ceramic crown completed more than 15 years ago. Tooth #31 presents with recurrent decay underneath the existing crown that wraps around the entirety of the tooth circumferentially that extends to the pulp. More than 50% tooth compromised. Tooth is tx planned for RCT and post and crown and will require new crown to protect the tooth." Exhibit 5 at 4.

The MassHealth representative testified that MassHealth denied the request for procedure D2740 on the basis that the procedure is authorized once every 60 months and for procedure D2952 on the basis that it is not a covered service. The MassHealth representative testified that procedure D2954 is a covered service and that the Appellant may want to consult his dental provider about it. The MassHealth representative testified that the Appellant had procedure D2740 performed on tooth 31 on September 27, 2022. The MassHealth representative testified that because the Appellant has already received such service within the last 60 months, he is not eligible for D2740 on tooth 31.

The Appellant testified that in September 2022, he received a crown at [REDACTED]. [REDACTED] The Appellant testified that he had raised concerns about the crown listing afterward with his dentist but was assured that it was okay. He testified that he had sought his records from [REDACTED] multiple times, but was not sent them. The Appellant testified that his new dentist (who submitted the October 7, 2024 authorization request) explained to him that the crown on tooth 31 was shoddy and that a cavity had grown under it. The Appellant testified that the dentist explained that he cannot have a root canal without a crown. The Appellant testified that it has become impossible to chew on that side of his mouth and that he would like to start the root canal process. The Appellant also explained that he wanted the first dentist held responsible. The Appellant explained that he struggles to afford food and so cannot pay for out-of-pocket dental costs, even at a dental school.

The MassHealth representative testified that while he would continue to uphold the denial, if the Appellant was in pain, he could go for an emergency appointment. The MassHealth representative

also stated that the Appellant could 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.

Findings of Fact

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

1. The Appellant is a MassHealth Standard member over the age of 21. Testimony; Exhibit 4.
2. On October 7, 2024, the Appellant, through his dental provider, sought preauthorization for procedures D2740 and D2952 for tooth 31. Testimony; Exhibit 5.
3. On October 7, 2024, MassHealth denied preauthorization for procedures D2740 and D2952 for tooth 31. Testimony; Exhibit 5.
4. The Appellant had procedure D2740 performed on tooth 31 on September 27, 2022. 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).

I am very sorry that the Appellant is experiencing pain. However, 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 that procedure on tooth 31 on September 27, 2022, the request exceeds the benefit limitation as less than 60 months have passed since

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

then. Additionally, procedure code D2952 is not listed in Subchapter 6 of the Dental Manual and so is not a covered procedure. 130 CMR 420.421(A)(1). 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

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.

Emily Sabo
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA