

**Office of Medicaid
BOARD OF HEARINGS**

**Appellant Name and
Address:**



Appeal Decision:	Denied	Appeal Number:	2418444
Decision Date:	1/6/2025	Hearing Date:	12/27/2024
Hearing Officer:	David Jacobs		

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:	Prior Authorization – Dental, Crown
Decision Date:	1/6/2025	Hearing Date:	12/27/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
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 a notice dated November 25, 2024, MassHealth denied appellant's request for a porcelain crown on tooth #14 because the appellant received this service less than 60 months ago. The appellant filed this appeal in a timely manner on December 3, 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 #14.

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 November 25, 2024 for code D2740, a porcelain crown on tooth #14, which MassHealth denied because the appellant received the same service on October 27, 2021. For individuals over 21, MassHealth limits benefits for code D2740 to once every 60 months (Dental Manual, pg. 112). As the appellant received this benefit within 60 months of the prior authorization at issue and thus the denial of service cannot be overturned. He added that if the appellant was dealing with pain for the crown at issue, he suggested she contact her dentist for an emergency appointment to have it examined.

The appellant, an adult over the age of the 21, appeared telephonically at the hearing. She conceded to the facts stated by MassHealth and added that she has been back to her dentist for an emergency appointment. However, her dentist informed her that due to the extensive damage to the crown it cannot be fixed and must be replaced. She testified that the crown has been causing her pain and continues to deteriorate. She further testified that she does not have the money to replace the crown herself and pleaded for MassHealth to help her.

The MassHealth representative reiterated that regardless of the circumstances there are no exceptions to the rule that a porcelain crown can only be replaced once every 60 months (Dental Manual, pg. 112).

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 October 27, 2021, the appellant had a porcelain crown placed on tooth #14.
4. The porcelain crown is now extensively cracked and continues to deteriorate.
5. The appellant's dentist informed the appellant the crown cannot be repaired and must be replaced.
6. On November 25, 2024, the appellant submitted a prior authorization for a porcelain crown on tooth #14.
7. On November 25, 2024, the prior authorization request was denied because the appellant received the same service within 60 months of the request.

8. On December 3, 2024, the appellant appealed the denial.

Analysis and Conclusions of Law

MassHealth pays for dental services that are medically necessary. 130 CMR 420.421(A). Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000, and the MassHealth Dental Manual.¹ 130 CMR 450.204. MassHealth's dental contractor also publishes additional guidance in the Dental Program Office Reference Manual ("ORM").²

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, bicuspid, 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

¹ The Dental Manual is available on MassHealth's website, in the MassHealth Provider Library. Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>.

² ORM is available at <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>.

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.

(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.

Per the 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 code D2740 porcelain crown. As per the MassHealth regulations and dental manual, the appellant is limited to 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 October 27, 2021, less than 60 months since the prior authorization request submitted on November 25, 2024. The appellant testified that the crown she received in 2021 has been causing her pain and is deteriorating. However, she offered no legal basis to make an exception to the benefit limitations laid out in the MassHealth Dental Manual. Therefore, the appellant has not met her burden to show that MassHealth was not within its discretion to deny 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