

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2501654
<b>Decision Date:</b>	4/16/2025	<b>Hearing Date:</b>	02/28/2025
<b>Hearing Officer:</b>	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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Dental Services; Prior Authorization
<b>Decision Date:</b>	4/16/2025	<b>Hearing Date:</b>	02/28/2025
<b>MassHealth's Rep.:</b>	Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South (Telephone)	<b>Aid Pending:</b>	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 26, 2024, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedures D2740 and D3330, because procedure D2740 is limited to once every 60 months and the requested tooth (tooth 13) for procedure D3330 is invalid. *See* Subchapter 6 of the Dental Manual and Exhibits 1, 5. The Appellant filed this appeal in a timely manner on January 27, 2025. 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 13 and procedure D3330 (endodontic therapy, molar tooth (excluding final restoration)) for tooth 13.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to Subchapter 6 of the Dental Manual, to deny the request for prior authorization for dental services for the Appellant for D2740

and D3330.

## Summary of Evidence

As part of her request for a fair hearing, the Appellant submitted a letter stating:

On July 22, 2021, [REDACTED] of [REDACTED] in [REDACTED] Massachusetts had placed a crown on tooth number 13. Shortly after placement, I informed [REDACTED] that the crown he had done didn't seem like it was fitting correctly. The area was sore, and was leaving a foul smell in my mouth. He advised me to get a water pick and use it to get any excessive food or bacteria out. I did that for approximately 4 months and it was not helping. I contacted [REDACTED] to have it looked at again, to find out he had left the practice. My new dentist [REDACTED] who took over the office, checked the tooth through x-ray. The results of the x-ray showed that the crown placed was in fact incorrect. [REDACTED] suggested that I could go back and see [REDACTED] at his other practice. Unfortunately, that was not an option as [REDACTED] office is in [REDACTED] [REDACTED] which is approximately 2-3 hours away from where I live. As well as, I should not have to travel hours for a mistake that was not mine.

Currently, I suffer from gastric issues (G.E.R.D.) and the tooth is causing stomach issues and halitosis. The stomach issues are worse than they were prior to having the crown put in. Every time I floss that specific tooth, the smell that comes from it is foul. I spoke with my primary care doctor about these issues as well. She advised me that the tooth should be taken care of as it can cause other health problems if it is not fixed. I spoke with [REDACTED] to take proper action to send through a pre-authorization to MassHealth in hopes to have this taken care of again. Which was denied due to it being under five years to receive a replacement.

Exhibit 2 at 3.

The hearing was held by telephone. The Appellant verified her 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, an agent of MassHealth that makes prior authorization determinations for dental services.

On November 26, 2024, the Appellant's dental provider submitted a request for prior authorization for procedure D2740 (crown – porcelain/ceramic) for tooth 13 and procedure D3330 (endodontic therapy, molar tooth (excluding final restoration)) for tooth 13. The request included a note that "Patient had crown 13 placed about two years ago by a different provider. Open margins present, crown accumulates food that gets stuck." Exhibit 1 at 1.

The MassHealth representative testified that procedure D3330 is root canal therapy for a molar

but that tooth 13 (the requested tooth) is not a molar. The MassHealth representative explained that procedure code D3320 would be the correct procedure code to request root canal therapy for tooth 13. The MassHealth representative testified that procedure D2740 is authorized once every 60 months and that based on MassHealth's records, the Appellant received a crown on tooth 13 on September 7, 2021. The MassHealth representative stated that based on the submitted X-rays, the Appellant's crown on tooth 13 may have been placed incorrectly. 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.

The Appellant testified that she thought the appeal was just related to the crown she received in 2021. The Appellant testified that food has been pocketing in the area due to the crown not being properly placed. The Appellant testified that her prior dentist left the practice to go to [REDACTED]. The Appellant explained that when she had gotten X-rays with her new dentist, she was told that the crown was not placed correctly. The Appellant expressed frustration that the complaint process would take another thirty days, as part of an already long process. The Appellant stated that she wished she had been told about the complaint process when she had called MassHealth earlier.

## **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 November 26, 2024, the Appellant, through her dental provider, sought prior authorization for procedures D2740 and D3330 for tooth 13. Testimony; Exhibit 5.
3. On November 26, 2024, MassHealth denied prior authorization for procedures D2740 and D3330 for tooth 13. Testimony; Exhibit 5.
4. The Appellant had procedure D2740 performed on tooth 13 on September 7, 2021. Testimony.
5. The Appellant filed an appeal with the Board of Hearings on January 27, 2025. Exhibit 2.

## **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).

#### 420.426: Service Descriptions and Limitations: Endodontic Services

The MassHealth agency pays for endodontic services including all radiographs performed with the exception of panoramic radiographs, during the treatment visit. The MassHealth agency pays for endodontic services for all MassHealth members in accordance with the service descriptions and limitations described in 130 CMR 420.426.

....

#### (B) Endodontic Root Canal Therapy.

##### (1) General Conditions.

- (a) Payment by the MassHealth agency for root canal therapy includes payment for all preoperative and postoperative treatment; diagnostic (for example, pulp vitality) tests; and pretreatment, treatment, and post-treatment radiographs and anesthesia. MassHealth does not pay for pulpotomy as a separate procedure from root canal therapy.
- (b) The provider must maintain a radiograph of the completed root canal in the member's dental record.
- (c) The MassHealth agency pays for root canal therapy on permanent anterior teeth, bicusps, and first and second molars, but does not pay for root canal therapy on third molars. Root canal therapy is limited to the permanent dentition only if the periodontal condition of the remaining dentition and soft tissue are stable with a favorable prognosis.

130 CMR 420.426(B).

Exhibit B in Appendix D of the MassHealth Dental Office Reference Manual contains dental benefits covered for MassHealth members aged 21 and over, and states that procedure D3330 is for molar teeth, specifically teeth 2, 3, 14, 15, 18, 19, 30, and 31. Dental Office Reference Manual at 113.<sup>1</sup> It also states that procedure D3320 is for premolar teeth, and includes tooth 13 as covered. *Id.* Therefore, MassHealth did not err in denying the request for procedure D3330

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<sup>1</sup> Available at <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>.

for tooth 13, and that part of the appeal is denied.

Subchapter 6 of the Dental Manual includes procedure code D2740 and states such service is covered once per 60 months per tooth.<sup>2</sup> Accordingly, as the Appellant received the procedure on tooth 13 on September 7, 2021, the request exceeds the benefit limitation as less than 60 months have passed since then. Hence, MassHealth did not err in denying the request and the appeal is denied.

During the pendency of the appeal, MassHealth transitioned to a new dental third-party administrator, BeneCare Dental Plans.<sup>3</sup> If the Appellant submitted a complaint as discussed during the hearing regarding the crown placed on tooth 13 in 2021, and it was not satisfactorily resolved, she may submit a provider complaint in writing to [grievances@massdhp.com](mailto:grievances@massdhp.com).

## 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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan

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<sup>2</sup> Subchapter 6 can be found online at: <https://www.mass.gov/files/documents/2024/06/27/sub6-den.pdf>.

<sup>3</sup> See Dental Bulletins 50, 51, 52, 53, available at <https://www.mass.gov/lists/masshealth-provider-bulletins-by-provider-type-d-h#dental->.