

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509733
Decision Date:	8/5/2025	Hearing Date:	07/29/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Dr. Raymond Martin, Camilla Gottschald for
BeneCare



*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 Services
Decision Date:	8/5/2025	Hearing Date:	07/29/2025
MassHealth's Reps.:	Dr. Raymond Martin; Camilla Gottschald	Appellant's Rep.:	Pro se
Hearing Location:	Telephone (Taunton)	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 June 12, 2025, MassHealth denied the appellant's request for prior authorization for dental procedure code D2740 for tooth 18 because MassHealth determined that the appellant exceeded her maximum benefit limitation for that code. *See* 130 CMR 420.425(C) and Exhibit 1. The appellant filed this appeal in a timely manner on June 30, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of a request for prior authorization is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for dental code D2740.

Issue

The appeal issue is whether MassHealth correctly determined that the appellant has met her current maximum benefit allowance for dental code D2740 in denying her prior authorization request.

Summary of Evidence

The appellant is a MassHealth member over the age of 21. MassHealth was represented by a Massachusetts-licensed dentist consultant for BeneCare, the third-party contractor that administers and manages MassHealth's dental program, as well as a member of BeneCare's administrative staff. All parties appeared by telephone. The following is a summary of the evidence and testimony provided at the hearing.

On or about March 11, 2025, the appellant's dental provider submitted a prior authorization request on the appellant's behalf requesting coverage for dental code D2740, a placement of a porcelain or ceramic crown, on tooth 18, which is a second molar. On June 12, 2025, the request was denied because it exceeded the appellant's benefit limitations.¹

The MassHealth representative testified that MassHealth previously approved the appellant for the requested treatment on tooth 18 and paid her dental provider for the completed service on October 4, 2022. He reported that MassHealth will only pay for dental code D2740 once every 60 months, or five years.² He explained that crowns should last for at least five years and that, if a patient has a problem with a crown within that period of time, the onus and ethical obligation would be on the provider to replace the crown free of charge. The MassHealth representative explained that because the appellant received coverage for the same procedure within the last three years, she is ineligible for coverage at this time. He stated that MassHealth makes exceptions to these rules under "extraordinary circumstances" such as a fire in the home leading to the destruction of a removable device, or a medical condition that would lead to sooner treatment being necessary, but that no such circumstance exists in the appellant's case.

The appellant testified that some time around March 11, 2025, she was chewing a piece of steak and her crown came off. She reported that she choked on the crown, and her options were to spit it out or to swallow it, and she did the latter. She was unable to recover the crown, and her tooth has remained uncovered since the incident. She stated that her mouth frequently bleeds due to the missing crown, she has pain, and that she often bites her cheek. She reported no issue with the crown leading up to this incident, and testified that she has had other crowns placed by that provider, with which she has had no problem.

¹ Although this was not testified to at the hearing, I make note that the delay in processing of the appellant's prior authorization request was likely due to a change in the MassHealth dental contractor that took place in April 2025.

² The dental consultant actually testified that the service is only covered every 7 years; however, the administrative representative agreed that the regulations provide for coverage every 5 years.

Findings of Fact

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

1. The appellant is a MassHealth member over the age of 21. Testimony, Exhibit 4.
2. On or about March 11, 2025, MassHealth received a prior authorization request on the appellant's behalf seeking approval for coverage of dental code D2740, placement of a porcelain or ceramic crown, on tooth 18. Exhibit 1.
3. By notice dated June 12, 2025, MassHealth denied the request because it exceeds the appellant's benefit limitations. Exhibit 4 at 1.
4. The appellant submitted a timely request for fair hearing on June 30, 2025. Exhibit 2.
5. MassHealth last paid for a placement of a porcelain or ceramic crown on the appellant's tooth 18 on October 4, 2022. Testimony.

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 *et seq.*, and the MassHealth *Dental Manual*.³ A service is medically necessary if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency.

130 CMR 450.204(A).

MassHealth dental regulations governing coverage of restorative services state, in relevant part, the following:

³ 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>.

(C)(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...

130 CMR 420.425. Covered dental services are contained within Subchapter 6 of the *Dental Manual*. The appellant's prior authorization request includes dental code D2740, which is a placement of a porcelain or ceramic crown. Exhibit 5 at 3. Subchapter 6 states that dental code D2740 is a covered service every "once per 60 months per tooth," or five years. See Subchapter 6 of the *Dental Manual* at 6-8.

An appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon "evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency's interpretation of its rules, policies and regulations."

MassHealth reports, and the appellant does not deny, that the appellant's most crown placement for tooth 18 was covered on [REDACTED] 2022. As this has been less than the required five years, the appellant is not yet entitled to coverage of placement of a new crown on that tooth under the regulations. Further, there is no evidence in the record that any extraordinary circumstances led to the loss of the appellant's crown that would warrant deviation from the required benefit allowance. The appellant has therefore not met her burden of proof to show that MassHealth's June 12, 2025, denial of her request for prior authorization for dental code D2740 was made in error.

For the foregoing reasons, the appeal is hereby 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.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan