

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2154178
Decision Date:	9/08/2021	Hearing Date:	August 27, 2021
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se

MassHealth Representative:

Dr. Sheldon Sullaway



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 420.428
Decision Date:	9/08/2021	Hearing Date:	August 27, 2021
MassHealth Rep.:	Dr. S. Sullaway	Appellant Rep.:	Pro se
Hearing Location:	Quincy		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The appellant received a notice dated May 06, 2021, stating: Your request for prior authorization for complete upper and lower denture has been denied. (130 CMR 420.427(F) (Exhibit 1).

The appellant filed this appeal timely on May 19, 2021. (130 CMR 610.015(B); Exhibit 2).

Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for the replacement of her complete upper and complete lower dentures.

Issue

Is the appellant eligible for the replacement of her upper and lower denture?

Summary of Evidence

The MassHealth representative, a licensed dentist, asserted that the appellant's dental provider submitted a prior authorization request for the replacement of a partial maxillary (upper) and a complete mandibular (lower) denture on May 06, 2021. The representative explained MassHealth does not pay for replacement dentures that are less than seven years (84 months) old 130 CMR 420.427(F)(5). The evidence indicates the appellant received a partial upper and complete lower denture on January 14, 2016, which is within 7 years, so the request was denied. The representative further stated the request did not provide a narrative or x-ray evidence of the need for braces as required by the regulations. MassHealth submitted into evidence the Supplemental Dental Prior Authorization Form and other documentation. (Exhibit 4).

The appellant testified that she was only requesting a partial upper denture as it was lost. She states she is unable to chew her food properly and needs to get her teeth fixed so she can eat. The appellant stated she sent MassHealth her x-rays and all other documentation on July 09, 2021.

Findings of Fact

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

1. The appellant is more than 21 years of age. (Testimony).
2. On May 06, 2021, the appellant requested prior authorization for replacement of her upper and lower denture. (Exhibit 1).
3. The appellant stated at hearing she wants to replace her partial upper denture which she lost. (Testimony).
4. The appellant was previously approved by MassHealth for a partial upper and complete lower denture on January 14, 2016. (Testimony).

Analysis and Conclusions of Law

130 CMR 420.428(F) governs the authorization of replacement dentures. This regulation states that MassHealth will not authorize the payment for replacement dentures if the member's dental history reveals any of the conditions listed at 130 CMR 420.427(F)(1) through (8). 130 CMR 420.428(F)(5) states MassHealth will not authorize payment for replacement dentures if the existing denture is less than seven years old

On May 06 2021, the appellant requested prior authorization for the replacement of a partial upper denture. The evidence indicates MassHealth provided the appellant with a partial upper and full lower denture on January 14, 2016. Appellant lost the denture and does not meet any of the conditions for payment of replacement dentures. Because the appellant is seeking payment

for replacement dentures that are less than seven years old, the request and this appeal must be 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: DentaQuest