

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2155440
Decision Date:	9/14/2021	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
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 420.428
Decision Date:	9/14/2021	Hearing Date:	August 27, 2021
MassHealth Rep.:	Dr. S. Sullaway	Appellant Rep.:	Pro se
Hearing Location:	Springfield		

Authority

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

Jurisdiction

The appellant received a notice dated June 02, 2021, stating: Your request for prior authorization for a complete upper denture has been denied. (Exhibit 1).

The appellant filed a timely appeal on July 15, 2021. (130 CMR 610.015(B); Exhibit 2).

Denial of a request for prior approval is a valid basis for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for the replacement of a complete upper denture.

Issue

Is the appellant eligible for replacement of her complete upper 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 complete maxillary (upper) denture on June 02, 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 complete upper and lower denture on January 14, 2016, which is within 7 years, so the request was denied. MassHealth submitted into evidence the Supplemental Dental Prior Authorization Form and other documentation. (Exhibit 4).

The appellant testified that she had a severe parasitic infection in her head and mouth which ate away at her denture and caused them to break. The appellant stated that she was unable to eat until she obtained new dentures from her dentists. The appellant stated she is attempting to get payment for her dentist who made her the replacement dentures.

The MassHealth representative responded that MassHealth dental program requires prior authorization for dentures and he cannot approve any payment for a denture that has already been manufactured before prior authorization was approved.

Findings of Fact

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

1. The appellant is more than 21 years of age.
2. On June 02, 2021, the appellant requested prior authorization for replacement of her upper denture.
3. The appellant was previously approved by MassHealth for complete upper denture on January 14, 2016.
4. The appellant received replacement dentures from her dentists prior to receiving prior authorization.

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 June 02, 2021, the appellant requested prior authorization for the replacement of an upper denture. The evidence indicates MassHealth provided the appellant with full upper denture on

January 14, 2016. Because the appellant is seeking payment for replacement dentures that are less than seven years old, the request was denied.

Additionally, the appellant's dentist prior to obtaining prior authorization manufactured an upper denture for the appellant. Although the appellant argued her upper denture had been ruined by a parasitic infection, there is no evidence the replacement was medically necessary or that there was immediate need for the services or that it would not be clinically appropriate to delay the provision of the service.¹

The evidence demonstrates that at no time relevant to this request for orthodontic treatment, or prior to the time the braces were placed, did the appellant have a condition that required immediate treatment. As a result the appellant does not meet the requirements of 130 CMR 420.428(F)(5) and/or 130 CMR 420.410(A) and 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: DentaQuest, PO Box 9708, Boston, MA 02116-9708

¹ 130 CMR 420.410: Prior Authorization (A) Introduction. (3) The provider must not start a service that requires prior authorization until the provider has requested and received written prior authorization from the MassHealth agency. The MassHealth agency may grant prior authorization after a procedure has begun if, in the judgment of the MassHealth agency. (a) the treatment was medically necessary; (b) the provider discovers the need for additional services while the member is in the office and undergoing a procedure; and (c) it would not be clinically appropriate to delay the provision of the service.