

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2155467
Decision Date:	10/13/2021	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:	10/13/2021	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 April 01, 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 July 15, 2021. (130 CMR 610.015(B); Exhibit 2).¹

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 a complete upper and lower denture.

Issue

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

¹ The timeline to appeal has been extended outside the 30-day time limit due to COVID 19.

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) and mandibular (lower) denture on April 01, 2021. This request was denied on June 23, 2021. The representative explained the evidence indicates the appellant received a complete upper denture on October 12, 2017, and a complete lower denture on November 03, 2017, therefore the appellant's request was denied because MassHealth does not pay for replacement dentures that are less than seven years (84 months) old 130 CMR 420.427(F)(5). The representative further stated the request did not contain narrative or x-ray evidence as required by the regulations. MassHealth submitted into evidence the Supplemental Dental Prior Authorization Form and other documentation. (Exhibit 4).

The appellant testified that he was assaulted several years ago (he could not remember exactly when) and stabbed in the mouth causing him to lose his dentures. The appellant stated he has a scar to prove he was stabbed. The appellant also stated his original dentures did not fit and he complained to MassHealth several times.

The MassHealth representative responded that if the appellant could obtain a police report indicating he was assaulted and he lost his dentures along with a narrative from a dentist indicating he continues to need the dentures, then the denial would be reviewed.

At the request of the appellant the record remained open until September 27, 2021, to obtain a report from the Somerville police indicating he had been assaulted and stabbed in the mouth. The record would also remain open until October 08, 2021 for MassHealth to respond to the additional documentation. (Exhibit 5).

The appellant failed to submit any additional documentation within the record open period.

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 23, 2021, the appellant requested prior authorization for the complete replacement of his upper and lower denture. (Exhibit 4).
3. The appellant was approved by MassHealth for a complete upper denture on October 12, 2017. (Exhibit 4).
4. The appellant was approved by MassHealth for a complete lower denture on November 03, 2017. (Exhibit 4).

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

The appellant is requesting prior authorization for the replacement of upper and lower dentures. The evidence indicates MassHealth provided the appellant with a complete upper denture on October 12, 2017, and a complete lower denture on November 03, 2017. Although the appellant testified that he was assaulted several years ago and was stabbed in the mouth causing him to lose his dentures; he has provided no independent third-party evidence to validate his claim despite getting additional time to do so. Without such evidence the appellant is seeking payment for replacement dentures that are less than seven years old, and as a result 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