

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2176360
Decision Date:	11/19/2021	Hearing Date:	10/01/2021
Hearing Officer:	Radha Tilva		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway, DentaQuest Rep.



*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:	Approved	Issue:	Prior Authorization - Dental
Decision Date:	11/19/2021	Hearing Date:	10/01/2021
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South	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 August 13, 2021, MassHealth denied the appellant's prior authorization request for complete maxillary and mandibular dentures (Exhibit 1). The appellant filed this appeal in a timely manner on August 27, 2021 (see 130 CMR 610.015(B) and Exhibit 2). Challenging a prior authorization request is valid grounds for appeal (see 130 CMR 610.032).

It should be noted that any delays due to issuing of this decision are due to serious illness in the hearing officer's family (130 CMR 610.015(D)).

Action Taken by MassHealth

MassHealth denied appellant's prior authorization request for complete maxillary and mandibular dentures.

Issue

The appeal issue is whether MassHealth was correct in denying appellant's prior authorization for upper and lower dentures.

Summary of Evidence

The MassHealth representative, an licensed dentist, stated the following: On August 13, 2021 MassHealth received a prior authorization request for procedure code D5110 and D5120 which is for a complete upper and lower mandibular denture. The service was promptly denied by MassHealth because MassHealth pays for denture services once per seven calendar years per member pursuant to 130 CMR 420.428(F)(5). MassHealth paid for these dentures for appellant on August 9, 2019. No narrative was sent from the provider to explain what the problem was with the existing dentures. The MassHealth representative further stated that appellant is responsible for the care of his dentures under 130 CMR 420.428(A).

The appellant appeared by telephone and testified to that he is battling alcoholism and in a detoxification program. When he was going through detox the appellant was throwing up into a toilet and his upper dentures fell into the toilet. This occurred on or around April 2021. The toilet had an automatic flush and he was unable to retrieve them. The appellant also testified that his bottom dentures broke November 2020 and he was unable to get them fixed. The appellant stated that he tried to fix them himself as well, but was unable to do so. The appellant stated that he no longer has the broken dentures anymore. The loss of the dentures has created difficulty for appellant to maintain his weight. He is also having issues with chronic hemorrhoids and severe anxiety as a result.

Findings of Fact

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

1. On August 13, 2021 MassHealth received a prior authorization request for procedure code D5110 and D5120 which is for a complete upper and lower mandibular denture.
2. MassHealth had previously paid for complete upper and lower dentures on August 9, 2019.
 - a. MassHealth only pays for dentures once per every 7 years unless an exception is met.
3. Appellant's bottom denture broke in November 2020 and he was unable to fix the denture such that it was usable.
4. Appellant is a recovering alcoholic and entered a detox program where he lost his upper dentures when he vomited into a toilet and the toilet automatically flushed.
5. The appellant has health issues as a result of him losing his dentures.

Analysis and Conclusions of Law

Pursuant to 130 CMR 420.428(A) MassHealth pays for denture services once per seven calendar years per member. There is no dispute that appellant received his dentures on August 9, 2019, however, appellant contends that the lower set of his dentures was not repairable and the upper set of dentures was accidentally lost. 130 CMR 420.428(F) governs MassHealth's requirements for replacement dentures:

(F) Replacement of Dentures. The MassHealth agency pays for the necessary replacement of dentures. The member is responsible for denture care and maintenance. The member, or persons responsible for the member's custodial care, must take all possible steps to prevent the loss of the member's dentures. The provider must inform the member of the MassHealth agency's policy on replacing dentures and the member's responsibility for denture care. The MassHealth agency does not pay for the replacement of dentures if the member's denture history reveals any of the following:

- (1) repair or reline will make the existing denture usable;***
- (2) any of the dentures made previously have been unsatisfactory due to physiological causes that cannot be remedied;
- (3) a clinical evaluation suggests that the member will not adapt satisfactorily to the new denture;
- (4) no medical or surgical condition in the member necessitates a change in the denture or a requirement for a new denture;
- (5) the existing denture is less than seven years old and no other condition in this list applies;
- (6) the denture has been relined within the previous two years, unless the existing denture is at least seven years old;
- (7) there has been marked physiological change in the member's oral cavity, any further reline has a poor prognosis for success; or
- (8) the loss of the denture was not due to extraordinary circumstances such as a fire in the home.***

(Emphasis added). The evidence presented supports that appellant lost his upper denture accidentally. While I agree that it is the member's responsibility to care for his or her own dentures after insertion, under 130 CMR 420.428(A), the appellant lost his dentures due to extraordinary circumstances which is an exception under the regulation above. The appellant's testimony is credible and supported by a letter that he signed and submitted when he appealed the denial (see Exhibit 2). With respect to appellant's lower denture the testimony supports that repair of the lower denture did not make it usable. This is also an exception in the regulation above (see 130 CMR 420.428(F)(1)). Based on the aforementioned analysis the appeal is APPROVED.

Order for MassHealth

Rescind the denial dated August 13, 2021 and approve the prior authorization request for complete

upper and lower dentures.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Radha Tilva
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1