

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2177288
Decision Date:	12/09/2021	Hearing Date:	10/29/2021
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sheldon Sullaway, DDS (DentaQuest)

Interpreter: Spanish



*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:	Dental Services – Removable Prosthodontics
Decision Date:	12/09/2021	Hearing Date:	10/29/2021
MassHealth's Rep.:	Sheldon Sullaway, DDS	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Telephonic	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 September 7, 2021, MassHealth denied Appellant's prior authorization request for removable lower dentures because she had exceeded the benefit limitation. See 130 CMR 420.428 and Exhibit 1. Appellant filed this appeal in a timely manner on September 23, 2021. See 130 CMR 610.015(B) and Exh. 2. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for dentures because she exceeded the benefit limitation.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.428, in denying Appellant's request for dentures due to having exceeded MassHealth benefit limitations.

Summary of Evidence

The MassHealth representative, a Massachusetts licensed dentist with over 40 years of practice, appeared at the hearing by telephone. Through testimony and documentary submissions, the MassHealth representative presented the following evidence: Appellant is a MassHealth adult member under the age of 65. See Exh. 4, p. 2. On September 7, 2021, MassHealth received a prior authorization (PA) request from Appellant's dental provider seeking approval for coverage of a complete mandibular denture of the lower arch (code D5120). See Exhibit 4, p. 2. On the same day, September 7, 2021, MassHealth denied Appellant's PA request because she had reached the benefit limitation of dentures being "allowed once per 84 months." Id. The MassHealth representative testified that approximately one year ago, on October 8, 2020, Appellant received an initial set of lower dentures. MassHealth covered the cost of these dentures. Under 130 CMR 420.428(F), MassHealth will only replace a member's dentures once every 84-months, or 7-years. Because it has been less-than 7-years since she received her initial dentures, Appellant was ineligible for a replacement at this time. Moreover, Appellant's provider did not include a medical necessity narrative to demonstrate whether Appellant's existing dentures could be made useable through for example, a reline or repair. Based on program regulations and service limits, the MassHealth representative affirmed MassHealth's decision to deny the PA request.

Appellant appeared at the hearing by telephone and testified through a Spanish interpreter. Appellant explained that she is currently in very poor health due to her inability to use the lower denture she received in October of last year. The denture is "way too big" and falls out of her mouth when she tries to chew. She is limited to consuming mashed or soft foods. Her inability to obtain the nutrients she needs has resulted in her declining health, weight loss, and severe weakness. The denture has not fit since she received it. Within six-months of getting the prosthesis, she dropped from 155 pounds to 108 pounds. She tried to apply glue so that it would stay in, but this did not work. In addition, Appellant has hyperthyroidism, a hernia in her esophagus, and a complete blockage in her intestine. When she eats, she throws up. Her health is at severe risk if she does not get dentures that fit. Appellant had not requested that the dentist who provided her with the dentures fix or cover a replacement. Appellant stated that first wanted to seek the replacement through this process, but would also attempt to follow-up with her prior dentist following this hearing. Appellant testified that, contrary to MassHealth's testimony, her provider did send DentaQuest "something" that should establish medical necessity and that MassHealth should have everything it needs to approve the requested service.

The MassHealth representative responded that it had not received any documentation from her provider beyond what was included in the PA request.

Findings of Fact

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

1. Appellant is a MassHealth adult member under the age of 65.
2. On October 8, 2020, Appellant received a complete lower denture, the cost of which was covered by MassHealth.
3. Since she received her denture, it has not fit properly; it is too big and therefore unusable.
4. Because she cannot chew solid foods, she has lost weight and suffered nutritional deficiencies.
5. Appellant has medical complications including hyperthyroidism, a hernia in her esophagus, and blockage in her intestine.
6. Appellant has attempted to use glue to get the dentures to stay in her mouth; however she had not addressed such complications with the prior dentist who issued the prosthesis.
7. On September 7, 2021, less than one year after receiving her initial dentures, MassHealth received a PA request from Appellant's new dental provider seeking approval for coverage of a complete mandibular denture of the lower arch (code D5120) – the same denture she received in October of 2020..
8. On the same day, September 7, 2021, MassHealth denied Appellant's PA request because she had reached MassHealth's benefit limitation on covering dentures once per 84 months, or 7-years.
9. The PA request did not include documentation to indicate whether attempts had been made to adjust, relin, or repair the existing denture and/or whether such procedures could make the existing denture usable.

Analysis and Conclusions of Law

This appeal addresses whether MassHealth correctly denied Appellant's prior authorization (PA) request for a complete lower denture. Pursuant to state regulation, MassHealth pays only for medically necessary services to eligible members. See 130 CMR 420.410(A)(1). 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.* Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

See 130 CMR 450.204(A)(emphasis added).

Medically necessary services “must be substantiated by records including evidence of such medical necessity and quality” and such records must be made available to MassHealth upon request. See 130 CMR 450.204(B).¹

Pursuant to program regulations, *MassHealth covers the cost of removable prosthodontics (dentures) “once per seven calendar years per member.”* 130 CMR 420.428(A). The MassHealth payment for dentures includes “all services associated with the fabrication and delivery process, including all adjustments necessary in the six months following insertion...[and] the member is responsible for all denture care and maintenance following insertion.” *Id.* MassHealth will only cover the medically necessary replacement of dentures as specified as follows:

(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*

¹ MassHealth may determine whether medical necessity exists for certain services through the prior authorization process. See 130 CMR 420.410(A)(1). With respect to MassHealth’s coverage of dental services, prior authorization is required when the request involves “any exception to a limitation on a service otherwise covered for that member as described in 130 CMR 420.421 through 420.456.” See 130 CMR 420.410(B)(3).

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.

130 CMR 420.428. (emphasis added).

Additionally, the MassHealth Dental Program, Office Reference Manual (ORM) provides that “if there is a pre-existing [removable] prosthesis, ***it must be at least seven years old and unserviceable to qualify for replacement.***” See ORM, p. 42 (Oct. 26, 2021). It further states that adjustments, repairs, and relines are included with the denture fee within the first six months from the date of insertion for members. Id. After the first six months, for members 21 and older, relines and rebases will be reimbursed with prior authorization once every three-years. Id. A new prosthesis will not be reimbursed within two years of reline or repair of the existing prosthesis unless adequate documentation has been presented that all procedures to render the denture serviceable have been exhausted.² Id.

Here, the evidence shows that on October 8, 2020, Appellant received, and MassHealth paid for, a complete denture of the lower arch. On September 7, 2021, less than one-year after receiving the prosthesis, MassHealth received a PA request for coverage of another lower denture pursuant to service code D5120. Appellant testified that her existing denture does not fit and is unusable. She believed that her inability to use the denture has resulted in nutritional deficiencies and significant weight loss. While Appellant’s testimony was credible, she failed to meet her burden in proving that MassHealth’s decision to deny the requested service was made in error. The payment MassHealth made to Appellant’s dentist in October of 2020 for the initial denture included reimbursement for not only the fabrication and delivery of the denture, but all procedures in the six-months following its placement to ensure it appropriately fit Appellant. At hearing, there was no explanation as to why Appellant’s dentist, despite having been paid by MassHealth, failed to produce a satisfactorily fitting prosthesis; nor was there evidence to indicate attempts had been made to adjust or reline the existing denture to make it usable. Ultimately, there is no evidence that “all procedures to render the denture serviceable have been exhausted.” See ORM, p. 42. Appellant does not meet criteria for coverage of a replacement denture prior to the seven-year service limitation. See 130 CMR 420.428(F).

Based on the foregoing, this appeal is DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

² The ORM further notes that replacement of lost, stolen, or broken dentures less than seven years of age usually will not meet criteria for pre-authorization of a new denture. Id. at 42.

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.

Casey Groff
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA