

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2177511
Decision Date:	12/22/2021	Hearing Date:	11/05/2021
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Sheldon Sulloway, DDS



*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:	Prior Authorization Dental
Decision Date:	12/22/2021	Hearing Date:	11/05/2021
MassHealth's Rep.:	Dr. Sheldon Sulloway	Appellant's 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

Through notice dated September 15, 2021, MassHealth denied Appellant's request for prior authorization to replace Appellant's partial upper denture on the grounds that Appellant's previous dentures are less than seven (7) years old (Exhibit A). Appellant filed this appeal in a timely manner on September 28, 2021 (see 130 CMR 610.015(B) and Exhibit A). Denial of prior authorization for assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's request for prior authorization to replace Appellant's partial upper denture.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied prior authorization to replace Appellant's partial upper denture.

Summary of Evidence

The parties appeared by telephone. MassHealth filed a packet of documentation including a copy of a prior authorization request (Exhibit B).

MassHealth was represented by a dentist, duly licensed in the Commonwealth of Massachusetts, who testified that Appellant's dental provider submitted a prior authorization request to MassHealth seeking approval for dental services D5211 (partial upper denture). MassHealth denied the request because Appellant was previously provided with a partial upper denture that MassHealth paid for on May 4, 2018. According to the MassHealth representative, MassHealth restricts replacement of dentures if they are less than seven years old. The MassHealth representative also testified that the narrative accompanying the request indicated that Appellant had lost his previous partial upper denture. MassHealth cited reliance on regulations 130 CMR 420.428(F)(5). The MassHealth representative also cited regulation 130 CMR 420.421(B) to support the agency's position that there is no "medical necessity" for dental services relative to MassHealth members age 21 and older. According to the prior authorization request, Appellant's is [REDACTED].

Appellant testified that without his upper partial denture, he is not able to eat properly and is prone to biting his bottom lip, gums and cheeks. Appellant testified that he is currently 152 pounds whereas his normal weight should be 165 pounds. Appellant stated his belief that he should be helped and that his lack of a partial upper denture is causing him health problems. Appellant testified that his primary physician supports his need for a partial upper denture, but he cannot afford to obtain one on his own. Appellant testified that his only source of income is Social Security and he has no other form of health or dental insurance.

Findings of Fact

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

1. Appellant is appealing the denial of a prior authorization request for a partial upper denture.
2. MassHealth provided Appellant with a partial upper denture on May 4, 2018.
3. Appellant lost the partial upper denture that MassHealth provided to him on May 4, 2018.
4. At the time of the authorization request, Appellant was [REDACTED].

Analysis and Conclusions of Law

This matter is controlled by MassHealth regulation 130 CMR 420.428 which states (emphasis supplied):

(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. 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 record does not evidence the applicability of conditions listed in sub sections 1-4, 6 or 7 above; therefore, subsection 5 does apply. MassHealth last furnished Appellant with a partial upper denture in May 2018. Insofar as the denture is less than 7 years old, MassHealth properly applied the controlling regulation in denying the request.

Under MassHealth, there is no medical necessity for dental services for members over the age of 21 such as Appellant (130 CMR 420.421(B)).

For the foregoing reasons, the appeal is DENIED.

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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA