

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2177866
Decision Date:	01/12/2022	Hearing Date:	01/07/2022
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sheldon Sullaway, DMD



*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:	Immediate Dentures
Decision Date:	01/12/2022	Hearing Date:	01/07/2022
MassHealth's Rep.:	Sheldon Sullaway, DMD	Appellant's Rep.:	Pro se
Hearing Location:	Board of Hearings (Remote)		

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 15, 2021, MassHealth denied Appellant's prior authorization request for immediate dentures (130 CMR 420.421(B) and Exhibit 1). Appellant filed this appeal in a timely manner on October 14, 2021 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). A hearing was scheduled for November 19, 2021 and was rescheduled at Appellant's request because she was hospitalized.

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for immediate dentures.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.421(B), in denying Appellant's prior authorization request for immediate dentures.

Summary of Evidence

MassHealth was represented by a licensed dental consultant who appeared by telephone and testified to 40 years of clinical experience, and status as a professor of dental medicine at Tufts University Dental School. On September 23, 2021, a prior authorization request for dental procedure code D5130 immediate dentures was denied. The MassHealth representative testified that immediate dentures are temporary dentures inserted after teeth are extracted, and discarded after a patient's gums heal and permanent dentures are made. Citing 130 CMR 420.421(B), the MassHealth representative stated that dental procedure code D5130 is not a covered service for MassHealth members over 21 years of age. The MassHealth representative stated that Appellant's prior authorization request for permanent dentures has been approved.

Appellant testified that she was told by Harvard Dental School that immediate dentures are covered by MassHealth. She added that she is currently receiving dialysis treatment and has been losing weight and needs immediate dentures to eat before the permanent dentures are made.

Findings of Fact

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

1. On September 23, 2021, a prior authorization request for dental procedure code D5130 immediate dentures was denied.
2. Immediate dentures are temporary dentures inserted after teeth are extracted, and discarded after a patient's gums heal and permanent dentures are made.
3. Appellant is over 21 years of age.
4. Appellant's prior authorization request for permanent dentures has been approved.

Analysis and Conclusions of Law

Regulation 130 CMR 420.421(B) states that the MassHealth agency does not pay for the following services for any member, except when MassHealth determines the service to be medically necessary and the member is younger than 21 years old. Prior authorization must be submitted for any medically necessary noncovered services for members younger than 21 years old.

- (1) cosmetic services;
- (2) certain dentures including unilateral partials, overdentures and their attachments, **temporary dentures**, CuSil-type dentures, other dentures of specialized designs or techniques, and preformed dentures with mounted teeth (teeth that have been set in acrylic before the initial impressions);
- (3) counseling or member education services;

- (4) habit-breaking appliances;
- (5) implants of any type or description;
- (6) laminate veneers;
- (7) oral hygiene devices and appliances, dentifrices, and mouth rinses;
- (8) orthotic splints, including mandibular orthopedic repositioning appliances;
- (9) panoramic films for crowns, endodontics, periodontics, and interproximal caries;
- (10) root canals filled by silver point technique, or paste only;
- (11) tooth splinting for periodontal purposes; and
- (12) any other service not listed in Subchapter 6 of the *Dental Manual*.

(emphasis added)

A prior authorization request for dental procedure code D5130 immediate dentures was denied by MassHealth. Immediate dentures are temporary dentures inserted after teeth are extracted, and discarded after a patient's gums heal and permanent dentures are made. Appellant is over 21 years of age. Therefore, the immediate dentures requested are not a covered service.

The 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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA