

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2178842
Decision Date:	01/12/2022	Hearing Date:	01/07/2022
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway, DentaQuest



*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:	Dentures
Decision Date:	01/12/2022	Hearing Date:	01/07/2022
MassHealth's Rep.:	Dr. Sheldon Sullaway	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 November 8, 2021, MassHealth denied Appellant's prior authorization request for upper and lower partial dentures (130 CMR 420.428 and Exhibit 1). Appellant filed this appeal in a timely manner on November 22, 2021 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for upper and lower partial dentures.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.428, in denying Appellant's prior authorization request for upper and lower partial 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 November 6, 2021, a prior authorization request for upper and lower partial dentures was denied. The MassHealth representative testified that MassHealth records show

that MassHealth paid for Appellant's partial upper denture on December 18, 2019, and Appellant's partial lower denture on March 29, 2016. Citing 130 CMR 420.028(F)(5), the MassHealth representative testified that MassHealth pays for dentures once every 84 months unless an exception applies. Appellant's dentist did not submit a narrative with the prior authorization request explaining Appellant's denture history.

Appellant testified that since receiving his partial dentures he has continued to have teeth extracted which has made his existing dentures unusable. He added that he has difficulty eating and has lost 50 pounds. Appellant stated that he has 10 natural teeth left which are in good condition. He added that his dentist told him that new molds are necessary, and he will speak to his dentist about submitting a request with narrative addressing his denture history.

Findings of Fact

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

1. On November 6, 2021, a prior authorization request for upper and lower partial dentures was denied.
2. MassHealth paid for Appellant's partial upper denture on December 18, 2019, and Appellant's lower partial denture on March 29, 2016.
3. Appellant's dentist did not submit a narrative with the prior authorization request explaining his denture history.

Analysis and Conclusions of Law

Regulation 130 CMR 420.428(F) states that the MassHealth agency pays for dentures once per seven (7) calendar years per member, subject to the limitations specified in 130 CMR 420.428(B). 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.

MassHealth paid for Appellant's partial upper denture on December 18, 2019, and Appellant's lower partial denture on March 29, 2016. Therefore, the dentures are less than 7 years old. MassHealth pays for the necessary replacement of dentures subject to the limitations outlined above. Appellant's dentist did not submit narrative with the prior authorization request. Therefore, there is no clinical information regarding Appellant's denture history, and the existing dentures are less than 7 years old.

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