

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2201537
Decision Date:	4/14/2022	Hearing Date:	04/01/2022
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Cynthia Yared



*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
Decision Date:	4/14/2022	Hearing Date:	04/01/2022
MassHealth's Rep.:	Dr. Cynthia Yared	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic		

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 2/4/22, MassHealth, denied the appellant's prior authorization for partial upper and lower dentures because MassHealth determined that this is not a covered service (130 CMR 420.427(F) and Exhibit 1). The appellant filed this appeal in a timely manner on 3/2/22 (130 CMR 610.015(B) and Exhibit 2). Denial of a prior authorization is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.427(F), in determining that the replacement partial upper and lower dentures is a covered service.

Summary of Evidence

The MassHealth representative testified that the appellant submitted a prior authorization request for partial upper and lower dentures and MassHealth denied the prior authorization on 2/4/22. The MassHealth representative testified that the claim was denied because the service exceeds the benefit limit which is once per 84 months (7 years). The MassHealth representative testified that the appellant was issued partial upper and lower dentures on 5/31/17.

The appellant testified that she moved four years ago and during the move her partial dentures were in a box that got damaged and the dentures cracked. The appellant testified that she had a hard time finding a dentist in her new town that took MassHealth and she did not want to drive 45 minutes back to her old town to be treated by a dentist. The appellant testified that she has not taken the cracked dentures to her new dentist to see if they can be fixed. The appellant testified that the new dentist told her the dentures may not fit any longer since it has been so long since they were last worn. The appellant testified that she has been losing weight due to difficulty chewing her food. The appellant testified that she is going to have bariatric sleeve surgery soon and will need to crew her food to an apple sauce consistency.¹ The appellant testified that she knows there are exceptions to the regulations for replacement dentures.

Findings of Fact

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

1. The appellant submitted a prior authorization request for partial upper and lower dentures and MassHealth denied the request on 2/4/22.
2. The prior authorization was denied because the service exceeds the benefit limit which is once per 84 months (7 years).
3. The appellant was issued partial upper and lower dentures on 5/31/17.
4. The appellant moved four years ago and during the move her partial dentures were in a box that got damaged and the dentures cracked.
5. The appellant has not taken the cracked dentures to her new dentist to see if they can be fixed.

Analysis and Conclusions of Law

130 CMR 420.428(A) General Conditions states that MassHealth will pay for dentures once per seven calendar years per member, subject to the age limitations specified in 130 CMR 420.428(B).²

130 CMR 420.428(F) Replacement of Dentures governs the replacement of dentures. MassHealth will pay 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. MassHealth 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;

¹ Weight loss surgery.

² 420.428(B) refers to members under the age of 21.

- (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)

MassHealth provides coverage for dentures every 7 years. MassHealth last paid for a maxillary denture for the appellant on 5/31/27; which is within the past 7 years. The appellant does not fall into any category listed under 130 CMR 420.428(F), therefore the appellant is not currently eligible for MassHealth coverage for replacement upper and lower partial dentures. MassHealth members have the responsibility to care for and maintain their dentures. Based on the evidence MassHealth was within regulatory authority in denying the appellant's prior authorization request for replacement dentures. This 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.

Christine Therrien
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1.