

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2202629
Decision Date:	6/2/2022	Hearing Date:	05/13/2022
Hearing Officer:	Casey Groff		

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:	Dental Services (Dentures)
Decision Date:	6/2/2022	Hearing Date:	05/13/2022
MassHealth's Rep.:	Sheldon Sullaway, DMD	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings (Remote)	Aid Pending:	No

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 March 23, 2022, MassHealth denied Appellant's prior authorization request for complete mandibular denture because she exceeded program limitations for coverage. See 130 CMR 420.428; Exhibits 1 and 4. Appellant filed this appeal in a timely manner on April 6, 2022. See Exhibit 1; 130 CMR 610.015(B). 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 a complete lower denture 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 dentist licensed to practice in Massachusetts for 40 years, appeared at the hearing via telephone. Through testimony and documentary submissions, MassHealth presented the following evidence: On March 23, 2022, MassHealth received a prior authorization (PA) request from Appellant's dental provider seeking approval for coverage of a complete mandibular (lower arch) denture under procedure code D5120. See Exhibit 4, p.1. On the same day, March 23, 2022, MassHealth denied Appellant's PA request because she exceeded its denture benefit limitation, noting such services are "allowed once per 84 months." Id. The MassHealth representative testified that on October 17, 2017 MassHealth paid for Appellant's complete upper and complete lower dentures, which included payment for code D5120. Program regulations state that members are responsible for the maintenance and care of their dentures. MassHealth only replaces dentures once every 84-months, or 7-years. Because MassHealth previously covered Appellant's dentures within the 7-year timeframe she has exceeded the benefit limitation. The representative indicated that for these reasons, he could not overturn the denial.

Appellant appeared at the hearing by telephone. Appellant concurred that she received her last pair of dentures in October of 2017; however, stated that she lost them when she became homeless approximately three years ago. Appellant testified that eating solid food hurts her gums and it is painful to chew. When asked to provide details of how she lost her dentures, she explained that she lost all her belongings when she became homeless, including her dentures. She is currently homeless. Appellant indicated that she does not have a great memory due to a seizure disorder.

Findings of Fact

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

1. On October 17, 2017, MassHealth paid for, and Appellant received a complete mandibular denture (lower arch) – procedure code D5120.
2. On March 23, 2022, MassHealth received a prior authorization request from Appellant's dental provider seeking coverage of a complete mandibular denture (procedure code D5120).
3. On the same day, March 23, 2022, MassHealth denied Appellant's prior authorization request due to having exceeded benefit limitations, noting that the requested service is "allowed once per 84 months."
4. Appellant lost her lower denture approximately three years ago, around the time she became homeless.
5. Without her lower denture, it is painful to chew solid food.

Analysis and Conclusions of Law

At issue in this appeal is whether MassHealth correctly denied Appellant's prior authorization request for a complete mandibular denture. MassHealth dental regulations governing coverage of removable prosthodontics states, in relevant part, the following:

(A) General Conditions. *The MassHealth agency pays for dentures services once per seven calendar years per member...*MassHealth payment includes all services associated with the fabrication and delivery process, including all adjustments necessary in the six months following insertion. *The member is responsible for all denture care and maintenance following insertion...*

...

(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.

130 CMR 420.428 (emphases added).

Based on the evidence in the record, Appellant was unable to demonstrate that she is entitled to coverage of the requested dental services – i.e. complete mandibular denture (D5120) at this time. Pursuant to regulation, MassHealth only pays for denture services once per 84-months, or seven years. *Id.* It is undisputed that MassHealth paid for D5120 on October 17, 2017. Appellant is therefore not eligible for coverage of denture services until October 2024. While Appellant provided credible testimony at hearing, she does not meet any of the regulatory exceptions to qualify for “replacement” dentures in 130 CMR 420.428(F)(5), above. Appellant stated that she

lost her denture around the time she became homeless; however, she did not provide any explanation or detail surrounding this incident to demonstrate the denture loss was a result of “extraordinary circumstances” under subsection (8) above. Based on the regulatory limitations discussed above, Appellant is not eligible for a replacement of her dentures at this time. See 130 CMR §§ 420.428(A), 420.428(F)(5). MassHealth did not err in denying Appellant’s prior authorization request.

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.

Casey Groff
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA