

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2202714
Decision Date:	6/29/2022	Hearing Date:	05/20/2022
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:	6/29/2022	Hearing Date:	05/20/2022
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 March 24, 2022, MassHealth denied Appellant's prior authorization request for a full lower denture (130 CMR 420.428 and Exhibit 1). Appellant filed this appeal in a timely manner on April 11, 2022 (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 a full lower denture.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.428, in denying Appellant's prior authorization request for a full lower denture.

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 March 25, 2022, a prior authorization request for a full lower denture was submitted on Appellant's behalf. MassHealth records show that Appellant's existing lower

denture is less than 6 months old. 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, and therefore the replacement denture was denied.

Appellant testified that he received the lower denture less than 6 months ago. He stated that fabrication of the existing denture was difficult from the start and was complicated by a bone growth that affected the denture. He added that he made several visits to the dentist to try adjusting the denture without success, and the denture is unusable and cannot be fixed. The hearing record remained open to allow Appellant to submit narrative from his dentist outlining his denture history and the attempts to adjust his current denture. A letter from Appellant's dentist was timely received and states that a few days after receiving the denture Appellant called the dentist and reported that the denture did not fit correctly, and he could not eat properly. The letter states that Appellant had 8 appointments beginning on May 28, 2021, 4 of which were for adjustments to the lower denture which was impacted by a known benign bone growth called a Tori. Appellant's dentist stated that the dental practice had many problems with the lab used to fabricate Appellant's denture. The practice no longer uses the lab, and now uses a new lab to design dentures using a 3D scanner which would benefit Appellant with the construction of a new denture, and that all efforts to fix the existing denture have been exhausted (Exhibit 4).

The MassHealth dental consultant reviewed the letter from the submitting dentist and submitted a response stating that none of the exceptions were met for the replacement of a denture that is less than 84 months old (Exhibit 5).

Findings of Fact

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

1. On March 25, 2022, a prior authorization request for a full lower denture was submitted on Appellant's behalf.
2. Appellant's existing lower denture is less than 6 months old.
3. A few days after receiving the denture, Appellant called the dentist and reported that the denture did not fit correctly, and he could not eat properly.
4. Appellant has had 8 appointments with the dentist over the last year beginning on May 28, 2021, 4 of which were for adjustments to the lower denture which was impacted by a known benign bone growth called a Tori.
5. The dental practice had many problems with the lab used to fabricate Appellant's denture. The practice no longer uses the lab, and now uses a new lab to design dentures.

Analysis and Conclusions of Law

Regulation 130 CMR 420.428(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, and 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)

The MassHealth agency pays for dentures once per seven calendar years per member, subject to the age limitations specified in 130 CMR 420.428(B). MassHealth payment includes all services associated with the fabrication and delivery process, including all adjustments necessary in the six months following insertion (130 CMR 420.428(A)). Appellant's denture is approximately 6 months old and was fabricated to accommodate a known benign bone growth called a Tori. Neither the clinical narrative nor Appellant's testimony identify an exception for the replacement of a denture that is less than 7 years old. However, the narrative submitted by Appellant's dental provider acknowledges quality issues in the process of fabricating Appellant's denture. **The participating provider is responsible for the quality of all services for which payment is claimed, the accuracy of such claims, and compliance with all regulations applicable to dental services under MassHealth** (130 CMR 420.404). Although Appellant received a denture that is not satisfactory, it is not MassHealth's responsibility to repeatedly pay the dental provider for multiple dentures until one is satisfactorily constructed.¹

¹ Members may submit complaints to the MassHealth Dental Program telephonically, via the MassHealth Member Portal via the link at www.masshealth-dental.net, member tab or in writing on any MassHealth Dental Program issue other than decisions that deny, delay, reduce, or terminate dental services. Some examples of complaints include:

Accordingly, the appeal must be 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

the quality of care or services received. access to dental care services, provider care and treatment, or administrative issues. In cases where the complaint cannot be resolved telephonically, the member will be assisted in submitting a member complaint form. Written member complaints should be directed to: MassHealth Dental Program Attention: Intervention Services P.O. Box 9708 Boston, MA 02114-9708. The complaint form is available on-line and in hard-copy upon request. The MassHealth Dental Program will respond to member complaints immediately if possible but within no more than 30 working days from the date a written complaint is received (emphasis added). See MassHealth Dental Program Office Reference Manual (effective June 7, 2022) p. 21 available at: <https://www.masshealthdental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>.