

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2204858
<b>Decision Date:</b>	8/18/2022	<b>Hearing Date:</b>	08/05/2022
<b>Hearing Officer:</b>	Alexis Demirjian		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Dr. Sullaway



*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

<b>Appeal Decision:</b>	Approved	<b>Issue:</b>	Denture Replacement
<b>Decision Date:</b>	8/18/2022	<b>Hearing Date:</b>	08/05/2022
<b>MassHealth's Rep.:</b>	Dr. Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South 2	<b>Aid Pending:</b>	No

## 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 April 18, 2022, MassHealth denied a prior authorization request for the replacement of a complete upper denture. (130 CMR 420.428 (D); Exhibit 4). The appellant filed a timely appeal on June 8, 2022. (130 CMR 610.015; Exhibit 2).<sup>1</sup> Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for the replacement of a complete upper denture.

## Issue

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<sup>1</sup> In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends;
  - All appeal hearings will be telephonic; and
  - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

Whether MassHealth was correct in denying the appellant's prior authorization request for the replacement of a complete upper denture.

## Summary of Evidence

MassHealth presented records that were incorporated into the hearing record as Exhibit 7. A letter from the appellant's primary care practitioner was incorporated into the hearing record as Exhibit 4. A letter from the appellant's case coordinator was entered into the hearing record as Exhibit 6.

The MassHealth representative, who is a licensed dentist, testified that MassHealth received a prior authorization request for a complete upper denture on April 18, 2022. (Testimony; Exhibit 1; Exhibit 7). MassHealth denied the request since the appellant received an upper denture in March 2017.

The MassHealth representative testified that MassHealth does not replace dentures if the member's history shows that they are less than 7 years old. The MassHealth representative testified that there was no information presented from the appellant's treating dentist regarding the need to replace the appellant's dentures which are less than 7-years old. (Testimony; Exhibit 7).

The appellant testified that the appellant suffers from anemia and diabetes and the improper fitting denture has led to difficulty with eating resulting improper nutrition. A letter from the appellant's primary care provider notes that the appellant suffers from malnourishment due to her inability to eat properly because of the ill-fitting dentures. (Exhibit 4). The letter states that on May 4, 2022, the appellant was evaluated for worsening of her anemia and diabetes. *Id.* The letter from the primary care provider goes on to state that the appellant is post gastric bypass, which has resulted in major weight loss, and that significant weight loss has caused the dentures to no longer fit. *Id.* The primary care provider further states, "ill-fitting dentures great impact the [appellant's] nutrition putting her at risk for serious complications." *Id.*

The appellant testified that because the denture no longer fits, she is unable to chew foods such as meat. The appellant testified that a relining was attempted a couple years ago, but because of the significant weight loss, the dentures fall out of her mouth. The appellant testified that she can only ingest soft foods, such as bananas, which significantly impacts her ability to ingest nutritional food.

## Findings of Fact

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

1. MassHealth received a prior authorization request for complete upper dentures.
2. MassHealth denied the request as the appellant received dentures in March 2017.
3. The appellant suffers from anemia and diabetes and the ill-fitting denture has led to difficulty with eating.
4. The appellant's primary care provider diagnosed the appellant with malnourishment due to her inability to eat properly resulting from the ill-fitting denture.

## **Analysis and Conclusions of Law**

MassHealth pays for the certain dental services when medically necessary, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456. (130 CMR 420.410(A)(1); 130 CMR 420.421(A)(1)).

A service is medically necessary if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. (130 CMR 450.204(A)).

Pursuant to 130 CMR 420.428(A), MassHealth pays for dentures services once per seven calendar years per member. 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. (130 CMR 420.428(F)).

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;
- (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.

The appellant's dentures are less than 7 years old but the appellant's primary care provider presented sufficient evidence regarding the appellant's medical condition and nutritional needs. This evidence is sufficient to determine that the replacement is medically necessary and fell under the exceptions to the rule barring payment for replacement within 7 years. (130 CMR 420.428(D)). The decision made by MassHealth was not correct.

This appeal is Approved.

## **Order for MassHealth**

Approve the appellant's prior authorization request for a complete upper denture.

### **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

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Alexis Demirjian  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA