

BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2204993

Decision Date: 9/14/2022

Hearing Date: 08/26/2022

Hearing Officer: Alexis Demirjian

Record Open to:

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Cynthia Yered



*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:	Replacement Dentures
Decision Date:	9/14/2022	Hearing Date:	08/26/2022
MassHealth's Rep.:	Dr. Cynthia Yered	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 5 Remote	Aid Pending:	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 June 16, 2022, MassHealth denied the appellant's authorization request for a full maxillary (upper) denture because MassHealth determined that the appellant had received a full maxillary denture paid for by MassHealth with 84 months. (see 130 CMR 420.428 (F) and Exhibit 3). The appellant filed this appeal in a timely manner on June 30, 2022, (see 130 CMR 610.015(B) and Exhibit 2). ¹ Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's authorization request for a full maxillary (upper) denture.

¹ In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, and restated in MassHealth Operations Memo (EOM) 20-10 dated August 1, 2022, 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.

Issue

The appeal issue is whether MassHealth was correct in denying the prior authorization request for a full maxillary (upper) denture.

Summary of Evidence

On June 16, 2022, MassHealth received a prior authorization request for complete maxillary (upper). The request was received and reviewed by DentaQuest Dental on behalf of MassHealth. The MassHealth representative stated that pursuant to MassHealth regulations at 130 CMR 420.428(A), MassHealth only pays for dentures once every 84 months, or 7 years. The MassHealth representative stated that because MassHealth paid for the appellant's partial upper dentures less than 7 years ago, the request for replacement dentures was denied pursuant to regulation.

The appellant testified that she had a full complete set of dentures made on or about February 2021. The appellant testified that in the Spring of 2022 the upper denture broke in half, and she returned to the dentist who made the earlier dentures for them to be fixed. The dentist told her that he no longer accepted MassHealth and would be unable to fix. The appellant was referred to another dentist who fixed the dentures but informed the appellant that due to the way the dentures had broke it was unlikely that the repair would be last. Shortly thereafter, the full upper denture broke. Accordingly, the new dentist put in the request for prior authorization for a new upper full denture on June 16, 2022.

Based on the appellant's description of the dentures and her testimony regarding the dentist who made the original testimony, the hearing officer informed the appellant that if she felt that they original dentures were defective that she may file a complaint. The appellant can file a complaint by either calling the customer service phone number (800- 207-5019) or she may request a form to file a written complaint by sending a letter to the MassHealth Dental Program Attention: Intervention Services P.O. Box 9708 Boston, MA 02114-9708.

Findings of Fact

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

1. On June 16, 2022 appellant's dentist submitted a request for preauthorization for a complete maxillary (upper denture). See Exhibit 3.
2. The appellant's dentist did not submit any additional remarks or provide a narrative with the request. See Exhibit 3.
3. On or about February 25, 2021, the appellant received a full set of dentures paid for by MassHealth. *Testimony.*

4. In the Spring of 2022, the appellant's upper denture split. *Testimony.*
5. The appellant went back to the dentist who made the dentures and he refused to fix them, claiming he no longer took MassHealth. *Testimony.*
6. The appellant was referred to another dentist who subsequently fixed the denture but informed her that they there was a high likelihood they would break again. *Testimony.*
7. The appellant can only eat soft foods because she does not have use of the full set of dentures. *Testimony.*

Analysis and Conclusions of Law

Service Descriptions and Limitations: Prosthodontic Services (Removable)

(A) General Conditions. The MassHealth agency pays for dentures services 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. The member is responsible for all denture care and maintenance following insertion. The MassHealth agency does not pay for complete dentures when the member's medical record indicates material limitations to the member's ability to cooperate during the fabrication of the denture or to accept or function with the denture, or indications that the member does not intend to utilize the denture.

130 CMR 420.428(A).

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(F).

In general, if there is a pre-existing removable prosthesis (includes partial and full dentures), it must be at least seven years old and unserviceable to qualify for replacement. Additionally, a new prosthesis will not be reimbursed within two years of a reline or repair of the existing prosthesis unless adequate documentation has been presented that all procedures to render the denture serviceable have been exhausted; and replacement of lost, stolen, or broke dentures less than seven years of age usually will not meet the criteria for pre-authorization of a new denture.

Health Safety Net Office Reference Manual 14.06 – Criteria for Replacement Denture (June 2022)

MassHealth pays for dentures once per seven calendar years per member and the appellant was responsible for the care and maintenance of the dentures she received in October 2019. (*see 130 CMR 420.428(A)*). The MassHealth agency does not pay for the replacement of dentures if the member's denture history reveals the existing denture was less than seven years old and no other condition in *130 CMR 420.428(F)* applies. The appellant had her full upper denture for less than seven years. Here the requesting dentist did not submit any documentation that would support a finding that any other condition listed in *130 CMR 420.428(F)* would apply here or that all procedures to render the denture serviceable have been exhausted. MassHealth's action is upheld, and 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.

Alexis Demirjian
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA