

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2204995
Decision Date:	9/13/2022	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:	Partial Denture
Decision Date:	9/13/2022	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 application for MassHealth benefits because MassHealth determined that the service was not covered. See 130 CMR 420.428 and Exhibit 2. The appellant filed this appeal in a timely manner on June 29, 2022 See 130 CMR 610.015(B) and Exhibit 2.¹ Denial of assistance is valid grounds for appeal. See 130 CMR 610.032. The hearing was held on August 26, 2022.²

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.

² The hearing was held on August 26, 2022 after discussion with the appellant regarding the possibility of holding the hearing via video hearing or in-person hearing to afford the appellant the ability to read lips. The appellant declined those offers and indicated that she would like to proceed with a telephonic appeal.

Action Taken by MassHealth

MassHealth denied the appellant's authorization request for request for a maxillary (upper) partial and mandibular (lower) partial denture cast denture cast in metal.

Issue

The appeal issue is whether MassHealth was correct in denying the preauthorization for the maxillary (upper) partial and mandibular (lower) denture cast in metal.

Summary of Evidence

MassHealth testified that the appellant's dentist submitted a pre-authorization request for a maxillary (upper) partial denture and mandibular (lower) partial denture cast in metal. MassHealth testified that MassHealth does not cover partial dentures cast in metal and cited to the Office Reference Manual in support of her testimony. MassHealth testified that if the appellant's dentist submitted a pre-authorization request for a maxillary (upper) partial denture and mandibular (lower) partial denture cast in resin, that it was possible that it would be approved. MassHealth's reason for the denial was based on the fact that the appellant's dentist requested the partial dentures be set in metal and that is an uncovered service.

The appellant testified that she does not like the feel and fit of the resin partial and that she had previously had a partial made of metal which she preferred.

Findings of Fact

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

1. The appellant's dentist submitted an authorization request for a maxillary (upper) partial denture cast in metal with the procedure code D5213. See Exhibit 2.
2. The appellant's dentist submitted an authorization request for a mandibular (lower) partial denture case in metal with the procedure code D5214. See Exhibit 2.
3. Dental procedure code D5213 and D5214 are in Appendix B of the Health Safety Net Office Reference Manual and are codes limited for use for members under 21 years of age only. See Exhibit 2.
4. The appellant is over the age of 21. *Testimony.*
5. The appellant's dentist included a note with his request stating, "patient wants metal partial as it can be made very thin and patient previously had metal partial which broke, please approve this prior authorization." See Exhibit 2.

6. The appellant has tried a maxillary (upper) partial and mandibular (lower) partial denture that was made of resin and finds it uncomfortable, she has had a metal frame in the past and prefers that material. *Testimony*.
7. For members over the age of 21, MassHealth may cover a resin base maxillary partial denture (including retentive/clasping materials, rests, and teeth). See *Testimony and Health Safety Net Dental Office Reference Manual, Appendix D, Exhibit B, Dental Procedure D5211, page 116*.
8. For members over the age of 21, MassHealth may cover a resin base mandibular partial denture (including retentive/clasping materials, rests, and teeth). See *Testimony and Health Safety Net Dental Office Reference Manual, Appendix D, Exhibit B, Dental Procedure D5212, page 116*.

Analysis and Conclusions of Law

MassHealth only covers resin base maxillary and mandibular partial dentures for individuals over the age of 21 years old. See *Health Safety Net Dental Office Reference Manual, Appendix D, Exhibit B, page 116*.

The appellant is over the age of 21 years old. The appellant has credibly testified that the thinner metal frame would be more comfortable. Unfortunately, MassHealth does not provide coverage for this type of partial denture.

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