Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied Appeal Number: 2205123

Decision Date: 9/2/2022 **Hearing Date:** 08/19/2022

Hearing Officer: Alexis Demirjian

Appearance for Appellant:

Appearance for MassHealth:

Dr. Sheldon 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

Appeal Decision: Denied Issue: Dentures

Decision Date: 9/2/2022 **Hearing Date:** 08/19/2022

MassHealth's Rep.: Dr. Sullaway Appellant's Rep.:

Hearing Location: Quincy Harbor Aid Pending: No

South 1 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 20, 2022, MassHealth denied a prior authorization request for the replacement of complete maxillary and mandibular dentures. (130 CMR 420.000; Exhibit 2). The appellant filed an appeal in a timely manner on July 11, 2022. (130 CMR 610.015; Exhibit 2; Exhibit 3). A decision regarding the scope or amount 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 complete maxillary and complete mandibular dentures.

Issue

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.

Whether MassHealth was correct in denying the appellant's prior authorization request for the replacement of complete maxillary and mandibular dentures.

Summary of Evidence

All parties appeared by telephone and documents submitted by MassHealth were incorporated into the hearing record as Exhibit 3. The appellant's representative submitted letter that was submitted with the Request for Fair Hearing and incorporated in the record as Exhibit 2.

On March 17, 2022, MassHealth received a prior authorization request for complete maxillary (upper) and complete mandibular (lower) dentures. 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 and partial lower dentures less than 7 years ago, the request for replacement dentures was denied pursuant to regulation.

The appellant and the appellant's representative testified that appellant received both upper and lower dentures on or about October 2019. The appellant testified that the dentures did not fit properly and that she returned repeatedly to the dentist who made the dentures to have them refitted, but none of the efforts were successful. The appellant further testified that on or about July 2021, she returned to the same dentist and was told that he could not work on the dentures because he no longer accepted MassHealth.

The appellant testified that she then sought treatment from a new dentist and that dentist told her the dentures would never fit properly. Accordingly, the new treating dentist submitted the March 17, 2022 request for prior authorization for a new set of upper and lower dentures.

The MassHealth representative suggested that if the appellant felt her old dentist had done something wrong in the making of the original dentures, she could file a complaint with MassHealth regarding the service. He gave the appellant the customer service phone number (800- 207-5019) and the PO Box (attn.: Intervention Services, PO Box 9708, Boston, 02114-5019) to which she could write to receive a provider complaint form. He explained, however, that MassHealth has paid for the appellant's upper and lower dentures in the past seven years and that is what is preventing MassHealth's approval for her requested replacement dentures.

Findings of Fact

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

- 1. The appellant's provider dentist submitted a request for prior authorization for replacement partial upper and partial lower dentures on March 17, 2022.
- 2. The appellant is over age 21.
- 3. MassHealth approved a request for prior authorization for partial upper and partial lower dentures and paid for a partial upper and a partial lower denture for the appellant in October 2019.
- 4. The dentures made in 2019 never fit the appellant satisfactorily and she made repeated efforts to have the dentist who made them revise their fit.

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

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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).

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 and full lower denture for less than seven years. The record does support a finding that any other condition listed in 130 CMR 420.428(F) would apply here. MassHealth's action is upheld, and the appeal is <u>DENIED</u>.

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

Appellant Representative: