

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2205677
<b>Decision Date:</b>	9/13/2022	<b>Hearing Date:</b>	09/02/2022
<b>Hearing Officer:</b>	Alexis Demirjian		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Dr. Michael Jacques

**Interpreter:** Vanessa



*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>	Denied	<b>Issue:</b>	Replacement Partial Dentures
<b>Decision Date:</b>	9/13/2022	<b>Hearing Date:</b>	09/02/2022
<b>MassHealth's Rep.:</b>	Dr. Jacques	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South 1	<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 July 15, 2022, MassHealth denied the appellant's request for prior authorization for a maxillary (upper) partial denture and mandibular (lower) partial denture because this request exceeded benefit limitations. (see CMR 420.428(A)) and Exhibit 2). The appellant filed this appeal in a timely manner on August 1, 2022. (see 130 CMR 610.015(B) and Exhibit 2).<sup>1</sup> MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal. (see 130 CMR 610.032).

## Action Taken by MassHealth

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

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<sup>1</sup> 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 partial maxillary (upper) denture and partial mandibular (lower) denture.

## Summary of Evidence

MassHealth testified that the appellant's dentist submitted a prior authorization for a partial maxillary (upper) denture and partial mandibular (lower) denture request on or about July 15, 2022. MassHealth denied the prior authorization request because the appellant received a partial maxillary (upper) denture and partial mandibular (lower) denture less than seven years or 84 months from the date of the July 15, 2022 prior authorization request. MassHealth only authorizes this service once every seven years or 84 months.

The appellant testified that he did not dispute the limitations on the insurance benefit. He testified that had he known he would not be able to get new partial dentures, that he would not have assented to having the teeth extracted. The appellant testified that he currently only has two upper teeth left in his mouth. In response, MassHealth noted that it is the patient's responsibility to familiarize themselves with the benefits provided by MassHealth and any restrictions related to frequency of service. MassHealth further noted, that there are ways to correct the existing partial to account for the additional extracted teeth. MassHealth further noted that based on the appellant's testimony, the appellant may wish to follow-up with his treating dentist regarding the possibility of treatment for a full maxillary (upper) denture.

## Findings of Fact

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

1. On or about, July 15, 2022, the appellant's dentist submitted a prior authorization request for a partial maxillary (upper) denture and partial mandibular (lower) denture. *Testimony and Exhibit 2.*
2. On or about May 2, 2018, MassHealth approved and paid for the appellant to receive a partial maxillary (upper) denture and a partial mandibular (lower denture). *Testimony.*
3. Since receiving the partial dentures in 2018, the appellant has had several extractions. *Testimony.*
4. The appellant acknowledges the benefit limitations. *Testimony.*

## Analysis and Conclusions of Law

Service Descriptions and Limitations: Prosthodontic Services (Removable)

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).*

Removable Partial Dentures. The MassHealth agency pays for removable partial dentures if there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition does not have active periodontitis, and there is a favorable prognosis for treatment outcome. A tooth is considered missing if it is a natural tooth or a prosthetic tooth missing from a fixed prosthesis. Payment for a partial denture includes payment for all necessary procedures for fabrication including clasps and rest seats.

*130 CMR 420.428 (E).*

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 he received in May 2018. (*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 his partial maxillary (upper) and partial mandibular (lower) 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.

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Alexis Demirjian  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA