

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2206046
Decision Date:	9/22/2022	Hearing Date:	09/16/2022
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:

Pro se

Appearance for MassHealth:

Via telephone:

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:	Prior Authorization – Adult Dental Services
Decision Date:	9/22/2022	Hearing Date:	09/16/2022
MassHealth’s Rep.:	Dr. Sheldon Sullaway	Appellant’s Rep.:	Pro se
Hearing Location:	Quincy Harbor South 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 July 22, 2022, MassHealth denied the appellant's prior authorization request for dental service code D5211 – partial upper denture (Exhibits 1 and 4). The appellant filed this appeal in a timely manner on August 10, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a prior authorization request is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant’s prior authorization request for dental service code D5211 – partial upper denture.

Issue

The appeal issue is whether MassHealth was correct in denying the appellant’s prior authorization request.

Summary of Evidence

A MassHealth representative from DentaQuest, the third-party contractor that administers and manages the dental program available to MassHealth members, appeared via telephone and testified as follows: on July 22, 2022, the appellant's provider submitted a prior authorization request for dental service code D5211 – partial upper denture. On July 22, 2022, MassHealth denied the request because of benefit limitations. The requested service is allowed once every seven years (or 84 months) and MassHealth records indicate that the appellant received the requested service less than seven years ago, on September 6, 2017. He also testified that the appellant's provider did not submit a narrative which, as stated in the Office Reference Manual, is required. The narrative needs to explain which teeth the denture is replacing, which teeth will be used to hold the denture in place, and whether those teeth are strong enough to support the denture.

The appellant appeared via telephone and testified as follows: two of the teeth in his upper denture broke. He was at the table eating food that he normally eats when the teeth broke. He is on Social Security and cannot afford to replace it along with his other expenses, including increased rent. He has post-traumatic stress disorder, depression, and anxiety. His dentist told him the denture could not be repaired.

The MassHealth representative testified that dentures are expected to last seven years. There are exceptions for denture replacement, including one for extraordinary circumstances, such as a fire in the home, but the appellant's situation did not constitute "*extraordinary circumstances*." Per MassHealth regulations, the appellant is responsible for all care and maintenance after insertion of the denture.

Findings of Fact

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

1. On July 22, 2022, MassHealth received a prior authorization request from the appellant's provider for dental service code D5211 – partial upper denture (Testimony and Exhibit 4).
2. On July 22, 2022, MassHealth denied the request because the service is allowed once every seven years (or 84 months) (Testimony and Exhibits 1 and 4).
3. The appellant received the complete upper dentures less than seven years ago, on September 6, 2017 (Testimony and Exhibit 4).
4. The appellant timely appealed the denial on August 10, 2022 (Exhibit 2).
5. The appellant's dentures broke while he was eating (Testimony).

Analysis and Conclusions of Law

Regulation 130 CMR 420.428 governs removable prosthodontic services and states the following:

- (A) General Conditions. The MassHealth agency pays for dentures services once per seven (7) 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.

Under 130 CMR 420.428(F), MassHealth 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. 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, 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.

Regulation 130 CMR 420.428 lays out the framework for denture benefits for MassHealth beneficiaries and their possible replacement and repair. There is a strong regulatory presumption that replacement dentures for those dentures which are less than seven years old cannot be approved by the MassHealth agency unless some extraordinary or unusual circumstances, such as those in 130 CMR 420.428(F)(1) through (4) or (6) through (8), exist.

For procedure D5211, the MassHealth Dental Office Reference Manual requires that “[d]ocumentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.” The prior authorization request submitted by the appellant’s provider does not include a narrative describing the treatment plan and prognosis and is therefore incomplete.

Furthermore, MassHealth records show that MassHealth paid for and the appellant received a new partial upper denture on September 6, 2017, under the 84-month (or 7-year) replacement standard. While the appellant’s testimony is credible and it is a difficult for him to meet expenses on his Social Security, pursuant to the regulations, the appellant is responsible for denture care and maintenance. Under these circumstances, the appellant has not met the replacement criteria listed in 130 CMR 420.428(F) 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA