

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2206631

**Decision Date:** 10/20/2022

**Hearing Date:** 10/07/2022

**Hearing Officer:** Thomas Doyle

**Record Open to:**

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Dr. Sheldon Sullaway

**Interpreter:**



*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>	PA – Dental – Replacement Dentures
<b>Decision Date:</b>	10/20/2022	<b>Hearing Date:</b>	10/07/2022
<b>MassHealth's Rep.:</b>	Dr. Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<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 August 26, 2022, MassHealth denied the appellant's application for prior authorization for complete lower and upper dentures because MassHealth determined that appellant's provider was out of network. (Ex. 1; Ex. 4, p. 2; Testimony). The appellant filed this appeal in a timely manner on September 6, 2022. (130 CMR 610.015(B); Ex. 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for the replacement of complete maxillary and mandibular dentures.

## Issue

Whether MassHealth was correct in denying the appellant's prior authorization.

## Summary of Evidence

On August 25, 2022, MassHealth received a prior authorization request for complete maxillary (upper) and complete mandibular (lower) dentures. (Testimony). The request was received and

reviewed by DentaQuest Dental on behalf of MassHealth. MassHealth denied the request because the services provided to appellant were done by an out of network provider. Appellant had two sets of dentures made and delivered in April 2022.

## Findings of Fact

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

1. MassHealth received a prior authorization request for complete mandibular and maxillary dentures. (Ex. 4; Testimony).
2. MassHealth denied the request as the appellant's provider was out of network. (Ex. 4, p. 2; Testimony). Appellant received the dentures in the state of Maine. (Testimony).
3. Appellant had received two sets of dentures in April 2022.

## Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. (130 CMR 450.204; 130 CMR 420.410). In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq,<sup>1</sup> providers must meet in state and out of state requirements.

130 CMR 420.405: Provider Eligibility: In-state and Out-of-state

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(B) Out-of-state Providers. A dental provider whose practice is located outside of Massachusetts is eligible to participate in MassHealth as a dental provider and to be paid for dental services provided to MassHealth members only if the provider is licensed or certified by the state in which the provider practices, meets the specific provider eligibility requirements listed in 130 CMR 420.404, and meets the conditions set forth in 130 CMR 450.109: Out of State Services.

420.404: Provider Eligibility: Participating Providers

The MassHealth agency pays for services described in 130 CMR 420.000 only to providers of dental services who are participating in MassHealth on the date of service. The participating provider is responsible for the quality of all services for which payment is claimed, the accuracy of such claims, and compliance with all regulations applicable to dental services under MassHealth. To claim payment, the participating provider must be the individual who actually performed the service,

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<sup>1</sup> 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual ("Dental ORM" or "Dental Office Reference Manual") publication as a source of additional explanatory guidance beyond the regulations. It is noted that references in the regulations to the "*Dental Manual*" include the pertinent state regulations, the administrative and billing instructions (including the HLD form), and service codes found in related subchapters and appendices. See <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>.

except as described in 130 CMR 420.404(A) through (D).

(A) A dentist or public health dental hygienist who is a member of a group practice can direct payment to the group practice under the provisions of the MassHealth regulations governing billing intermediaries in 130 CMR 450.000: Administrative and Billing Regulations. The dentist or public health dental hygienist providing the services must be enrolled as an individual provider and must be identified on claims for his or her services.

(B) A dental school may claim payment for services provided in its dental clinic.

(C) A dental clinic may claim payment for services provided in its dental clinic.

(D) A community health center, hospital-licensed health center, or hospital outpatient department may claim payment for services provided in its dental clinic.

#### 450.109: Out-of-state Services

(A) MassHealth covers services provided in another state to a MassHealth member, subject to all applicable limitations, including service coverage, prior authorization, and provider enrollment, only in the following circumstances:

- (1) medical services are needed because of a medical emergency;
- (2) medical services are needed and the member's health would be endangered if the member were required to travel to Massachusetts;
- (3) it is the general practice for members in a particular locality to use medical resources in another state; or
- (4) the MassHealth agency determines on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other state.

(B) MassHealth does not cover services provided outside the United States and its territories.

#### 420.428: Service Descriptions and Limitations: Prosthodontic Services (Removable)

**(F) 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; 10/15/21 130 CMR - 327 130 CMR: DIVISION OF MEDICAL ASSISTANCE

420.28: continued (7) there has been marked physiological change in the member's oral cavity, and 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.

Appellant received his dentures in April 2022 in the state of Maine. (Ex. 4, p. 6; Testimony). MassHealth determined appellant's provider was out of network. (Ex. 4, p. 2; Testimony). Appellant offered no proof that MassHealth was incorrect in denying benefits because his provider was out of network. Appellant has failed to show he has met any of the criteria in 450.109 (A) (1-4). Appellant has failed to meet his burden, therefore 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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Thomas Doyle  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA