

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2207515
<b>Decision Date:</b>	12/1/2022	<b>Hearing Date:</b>	11/18/2022
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**

*Via telephone:*

Pro se

**Appearance for MassHealth:**

*Via telephone:*

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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization – Adult Dental Services
<b>Decision Date:</b>	12/1/2022	<b>Hearing Date:</b>	11/18/2022
<b>MassHealth’s Rep.:</b>	Dr. Sheldon Sullaway	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South Remote	<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 30, 2022, MassHealth denied the appellant's prior authorization request for dental service code D5110 – complete maxillary denture (Exhibits 1 and 5). The appellant filed this appeal in a timely manner on October 7, 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 D5110 – complete maxillary 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 August 30, 2022, MassHealth received a prior authorization request for dental service code D5110 – complete maxillary (upper) denture on behalf of the appellant. On August 30, 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 MassHealth paid for and the appellant received the requested service less than seven years ago, on July 27, 2017, from the same provider.

The appellant appeared via telephone and testified as follows: he doesn't have any teeth and it is hard to eat. He cannot chew meat and needs to be careful of what he is eating. He no longer has his dentures and does not know what happened to them or where they are. He thinks he put them down or lost them, but does not remember. He is disabled and two years is a long time to wait for dentures.

## Findings of Fact

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

1. On August 30, 2022, MassHealth received a prior authorization request for dental service code D5110 – complete maxillary denture (Testimony and Exhibit 5).
2. On August 30, 2022, MassHealth denied the request because the service is allowed once every seven years (or 84 months) (Testimony and Exhibits 1 and 5).
3. The appellant received and MassHealth paid for complete maxillary dentures less than seven years ago, on July 27, 2017 (Testimony and Exhibit 5).
4. The appellant timely appealed the denial on October 7, 2022 (Exhibit 2).
5. The appellant does not know where his dentures are or what happened to them (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.

MassHealth records show that MassHealth paid for and the appellant received a new complete maxillary denture on July 27, 2017, under the 84-month (or 7-year) replacement standard. While it is difficult to be without his dentures, pursuant to the regulations, the appellant is responsible for denture care and maintenance and must take all possible steps to prevent the loss of his dentures. 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA