

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2208036
<b>Decision Date:</b>	1/11/2023	<b>Hearing Date:</b>	12/09/2022
<b>Hearing Officer:</b>	Casey Groff, Esq.	<b>Record Closed:</b>	12/16/2022

**Appearance for Appellant:**  
*Pro se*

**Appearance for MassHealth:**  
Sheldon Sullaway, D.M.D., DentaQuest



*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>	Approved	<b>Issue:</b>	Dental Services; Replacement of Dentures
<b>Decision Date:</b>	1/11/2023	<b>Hearing Date:</b>	12/09/2022
<b>MassHealth's Rep.:</b>	Sheldon Sullaway, D.M.D.	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Board of Hearings (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 October 19, 2022, MassHealth denied Appellant's prior authorization request for complete maxillary denture because she exceeded program limitations for coverage. See 130 CMR 420.428; Exhibits 2 and 4. Appellant filed this appeal in a timely manner on October 25, 2022. See Exhibit 2; 130 CMR 610.015(B). Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for a complete maxillary denture because she exceeded the benefit limitation.

## Issue

The appeal issue is whether MassHealth correctly denied Appellant's request for a complete maxillary denture due to having exceeded MassHealth benefit limitations.

## Summary of Evidence

The MassHealth representative, a dentist licensed to practice in Massachusetts for 40 years, appeared at the hearing via telephone. Through testimony and documentary submissions, MassHealth presented the following evidence: On October 19, 2022, MassHealth received a prior authorization (PA) request from Appellant's dental provider seeking approval for coverage of a complete maxillary (upper arch) denture under procedure code D5110. See Exhibit 4, p. 3. On the same day, October 19, 2022, MassHealth denied Appellant's PA request because she exceeded its denture benefit limitation, noting such services are "allowed once per 84 months." Id. The MassHealth representative testified that on July 22, 2016, MassHealth paid for a complete upper denture on behalf of Appellant under code D5110. Program regulations state that members are responsible for the maintenance and care of their dentures. MassHealth only replaces dentures once every 84-months, or 7-years. Because MassHealth previously covered Appellant's dentures within the 7-year timeframe, she has exceeded the benefit limitation. The representative indicated that for these reasons, he could not overturn the denial.

Appellant appeared at the hearing by telephone. Appellant concurred that she received her last pair of dentures in 2016; however, she lost them shortly thereafter in a domestic violence situation. Appellant stated that she has difficulty chewing and swallowing food and this is causing medical problems. At the conclusion of the hearing record was left open until December 16, 2022 for Appellant to submit documentation to verify the underlying incident occurred, as well as additional details on how this caused her to lose her dentures. As of December 16, 2022, the Board of Hearings had not received any additional documentation from Appellant.

## **Findings of Fact**

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

1. On July 22, 2016, MassHealth paid for, and Appellant received, a complete maxillary denture (upper arch) under procedure code D5110.
2. On October 19, 2022, MassHealth received a PA request from Appellant's dental provider seeking coverage of a complete maxillary denture (upper arch) under procedure code D5110.
3. On October 19, 2022, MassHealth denied Appellant's PA request due to having exceeded benefit limitations, noting that the requested service is "allowed once per 84 months."
4. Despite being granted a record open period, Appellant did not submit any documentation verifying the circumstances that led to her losing her upper maxillary denture.

## **Analysis and Conclusions of Law**

At issue in this appeal is whether MassHealth correctly denied Appellant's prior authorization

request for a complete maxillary denture. MassHealth dental regulations governing coverage of removable prosthodontics states, in relevant part, the following:

(A) General Conditions. ***The MassHealth agency pays for dentures services once per seven calendar years per member...***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...***

...

(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;
- (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 (emphases added).

Based on the evidence in the record, Appellant was unable to demonstrate that she is entitled to coverage of a complete maxillary denture replacement at this time. MassHealth only pays for denture services once per 84-months, or seven years. *Id.* It is undisputed that MassHealth paid for Appellant's upper denture under code D5110 on July 22, 2016. Appellant is therefore not eligible for coverage of a maxillary denture until July 22, 2023. While Appellant credibly testified that she has been without her denture for several years and has difficulty chewing food, she did not adequately demonstrate that she meets any of the regulatory exceptions to qualify for "replacement" dentures pursuant to 130 CMR 420.428(F)(5), above. Appellant stated that she lost her upper denture in the context of a domestic violence situation several years ago. Appellant was afforded

additional time, post-hearing, to submit documentation verifying the circumstances that caused her to lose her denture. Despite the additional time, Appellant did not submit such evidence into the hearing record. In reviewing the totality of evidence presented at hearing, Appellant did not sufficiently demonstrate that the loss of her denture was a result of “extraordinary circumstances” under subsection (8) above. Based on the regulatory limitations discussed above, Appellant is not eligible for a replacement of her dentures at this time. See 130 CMR §§ 420.428(A), 420.428(F)(5). MassHealth did not err in denying Appellant’s prior authorization request.

This 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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Casey Groff, Esq.  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA