

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2209054
<b>Decision Date:</b>	2/24/2023	<b>Hearing Date:</b>	January 13, 2023
<b>Hearing Officer:</b>	Brook Padgett	<b>Record Open to:</b>	February 13, 2023

**Appellant Representative:**

Pro se

**MassHealth Representative:**

Dr. Sheldon Sullaway, DMD



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> floor  
Quincy, MA 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	130 CMR 420.428
<b>Decision Date:</b>	2/24/2023	<b>Hearing Date:</b>	January 13, 2023
<b>MassHealth Rep.:</b>	Dr. Sullaway, DMD	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy		

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

The appellant received a notice dated November 23, 2022, stating: Your request for prior authorization for complete lower denture has been denied. (130 CMR 420.427(F) (Exhibit 1).

The appellant filed this appeal timely on December 07, 2022. (130 CMR 610.015(B); Exhibit 2).

Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for the replacement of her complete lower denture.

## Issue

Is the appellant eligible for the replacement of her lower denture?

## **Summary of Evidence**

The MassHealth representative, a licensed dentist, asserted that the appellant's dental provider submitted a prior authorization (PA) request for the replacement of a complete mandibular (lower) denture on November 22, 2023. The representative explained MassHealth does not pay for replacement dentures that are less than seven years old (84 months). The evidence indicates the appellant received a partial upper and complete lower denture in May 2020, which is within seven years, so the request was denied. The representative further stated the request did not provide a narrative explaining the need for the replacement as required by the regulations. MassHealth submitted into evidence the Supplemental Dental Prior Authorization Form and other documentation. (Exhibit 4).

The appellant testified that she was informed by her dentist that she was barred from requesting new lower denture within seven years; however she indicated she can no longer use the lower dentures that were provided. The appellant stated she was in a motor vehicle accident in August 2004 which fractured her jaw and required ten screws and five plates. The plates and screws have since been removed but it has left her lower lip extremely sensitive due to nerve damage. The appellant argued she is only requesting a new lower denture as she cannot wear her current denture due to this medical issue.

At the request of the hearing office the record was extended until February 13, 2023, to allow the appellant to obtain a narrative from her dentist explaining the appellant's new medical condition and the need for a new complete lower denture. (Exhibit 5).

The appellant failed to provide any additional documentation within the required time period.

## **Findings of Fact**

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

1. The appellant is more than 21 years of age. (Testimony).
2. On May 06, 2021, the appellant requested prior authorization for replacement of her lower denture. (Exhibit 1).
3. The appellant was previously approved by MassHealth for a complete upper and complete lower denture in May 2020. (Testimony).

## **Analysis and Conclusions of Law**

On November 23, 2023, the appellant submitted a PA request for the replacement of a complete lower denture. The evidence indicates MassHealth provided the appellant with a full upper and full lower denture in May 2020.

The MassHealth agency and its dental program only pays for medically necessary services and require MassHealth members establish such medical necessity through a prior authorization process. See 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> covered services for certain dental treatments, including removable prosthodontic devices such as dentures, are subject to the limitations of 130 CMR 42.421 through 420.456. See 130 CMR 420.421 (A) through (C).

130 CMR 420.428 provides the framework for denture benefits for MassHealth beneficiaries and their possible replacement and repair. The regulation contains the relevant description and limitation for prosthodontic devices including specific sections regarding replacement request for dentures and reads in relevant part as follows:

*Service Descriptions and Limitations: Prosthodontic Services (Removable)*

*(A) 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.*

...

*(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;*

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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> (last viewed on October 5, 2022).

*(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, 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.*

**(Bolded emphasis added.)**

The above regulation states MassHealth will not pay for the replacement of dentures if the dentures are less than seven years old and the denture history reveals no other condition listed in 130 CMR 420.428(F)(1) through (4) or (6) through (8) apply. There is no dispute that the appellant's lower denture is less than seven years old and although she was given additional time to provide evidence of a medical condition which necessitates a change in the denture or a requirement for a new denture the appellant failed to present any additional documentation within the required time period to demonstrate such a need. Without any evidence to demonstrate the appellant meets the requirements of 130 CMR 420.428(F) the request for a replacement complete lower denture must be 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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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: MassHealth representative: PO Box 9708, Boston, MA 02114-9708