

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2300317
<b>Decision Date:</b>	3/6/2023	<b>Hearing Date:</b>	02/17/2023
<b>Hearing Officer:</b>	Paul C. Moore		

**Appearance for Appellant:**

Pro se (by telephone)

**Appearance for MassHealth:**

Jay Maillet, D.M.D., M.P.H., DentaQuest  
consultant (by telephone)



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street  
Quincy, MA 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Replacement Dentures
<b>Decision Date:</b>	3/6/2023	<b>Hearing Date:</b>	02/17/2023
<b>MassHealth Rep.:</b>	Dr. Maillet	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Board of Hearings (remote)		

## Authority

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

## Jurisdiction

By a notice dated December 20, 2022, MassHealth denied the appellant's prior authorization (PA) requests for a complete upper denture and a complete lower denture because these services are allowed only once every seven years (Exh. 1). The appellant filed a timely appeal of the denials with the Board of Hearings (BOH) on January 12, 2023 (130 CMR 610.015; Exh. 2). Denial of a PA request is valid grounds for appeal to the BOH (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's PA requests for a complete upper denture and complete lower dentures because MassHealth paid for these services within the last seven years.

## Issue

The issue on appeal is whether MassHealth correctly denied the appellant's PA requests for replacement complete upper and lower dentures.

## Summary of Evidence

The MassHealth representative, a dental consultant with DentaQuest, testified by telephone that the

appellant's dentist submitted a PA request on the appellant's behalf to MassHealth on or about December 19, 2022 seeking a complete upper denture and complete lower denture (dental codes D5120 and D5110). The appellant, who is under age 65, had received a complete upper denture and complete lower denture, covered by MassHealth, on July 23, 2018. The MassHealth representative testified that MassHealth pays for a complete new denture (upper and/or lower) once every 72 months, or once every seven years. Therefore, MassHealth denied the requests (Testimony).

The appellant testified by telephone that her complete lower denture did not fit well, and fell out of her mouth and broke last summer. She threw out the pieces of the broken lower denture. She still has her complete upper denture, but it is loose and chipped, and does not fit well. She testified that her husband died of cancer about a year ago, and that she has Graves' disease. She is also in recovery from drug abuse. Since last March, she has lost 76 lbs. She has difficulty swallowing due to Graves' disease; if she had a lower denture, she could chew her food better (Testimony).

The appellant submitted medical documentation from an endocrinology visit she had at [REDACTED] Medical Center in December, 2022 corroborating her diagnosis of Graves' disease and weight loss (Exh. 2A).

The MassHealth representative stated that there are exceptions to the rule that MassHealth will not replace a complete upper or lower denture more than once every seven years, such as when the loss of the denture occurs due to a natural disaster or a fire. However, no exception appears to apply here. With regard to the appellant's complete upper denture, the MassHealth representative stated that the MassHealth Dental Office Reference Manual (ORM) reflects that a reline or repair of the complete upper denture may be requested with a prior authorization (PA) request every three years.

### **Findings of Fact**

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

1. The appellant is under age 65 and lives in the community.
2. MassHealth covered the cost of a complete upper denture and complete lower denture for the appellant on July 23, 2018 (Testimony).
3. MassHealth pays for a new complete upper denture and a new complete lower denture once every 72 months (Testimony).
4. The appellant's lower denture fell out of the appellant's mouth and broke within the last year, and she threw away the pieces (Testimony).
5. The appellant still has her complete upper denture, but it is loose and chipped and does not fit well (Testimony).

## Analysis and Conclusions of Law

Pursuant to 130 CMR 420.410(A)(1), MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. Services requiring prior authorization are identified in Subchapter 6 of the Dental Manual, and may also be identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances (130 CMR 420.410(A)(2)).

MassHealth requires prior authorization for the following:

- (1) those services listed in Subchapter 6 of the Dental Manual with the abbreviation “PA” or otherwise identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances;
- (2) any service not listed in Subchapter 6 for an EPSDT-eligible member; and
- (3) any exception to a limitation on a service otherwise covered for that member as described in 130 CMR 420.421 through 420.456 (130 CMR 420.410(B)).

Pursuant to 130 CMR 420.428(D), the MassHealth agency pays for the necessary replacement of dentures for members under age 21 and DDS clients only. 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 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 psychological causes that cannot be remedied;
- (3) a clinical evaluation suggests that the member will not adapt 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, or due to a marked physiological change in the member’s oral cavity, any further reline has a poor prognosis for success; or
- (7) the loss of the denture was not due to extraordinary circumstances such as a fire in the home.**

(130 CMR 420.428(D)) (emphasis added)

Subchapter 6 of the Dental Manual expands the coverage of dentures provided by 130 CMR 420.428(D) to include members over the age of 21 who are not DDS clients, effective May 15, 2015 (Transmittal Letter DEN-93).

Also relevant to this appeal is MassHealth regulation 130 CMR 450.204, which defines “medically necessary,” and reads in relevant part:

The MassHealth agency will not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(A) A service is "medically necessary" if:

(1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and

(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

Further, the MassHealth Dental ORM (effective June 7, 2022) states at section 15.6, with regard to “Criteria for Replacement Prosthodontics:”

Relines and rebases will be reimbursed with prior authorization once every three years for members age 21 and older.

Here, the appellant requested a new complete upper and new complete lower denture in December, 2022. The evidence shows that MassHealth already covered the cost of a complete upper denture and complete lower denture for the appellant in July, 2018. MassHealth pays for new dentures once every seven years. Therefore, MassHealth denied the appellant’s PA requests.

The appellant has her complete upper denture, but it does not fit her well. The appellant is urged to have her dentist submit a new prior authorization request to MassHealth for a reline, or repair,

of her complete upper denture.

With regard to her complete lower denture, the appellant testified that it fell out of her mouth and broke into pieces. She no longer has it. Unfortunately, it does not appear that the appellant's lower denture was lost due to extraordinary circumstances, such as those described in 130 CMR 420.428(D)(7), above.

Therefore, MassHealth's decision to deny the appellant's PA requests for a complete upper denture and a complete lower denture was correct.

At this time, 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.

---

Paul C. Moore  
Hearing Officer  
Board of Hearings

cc: DentaQuest appeals coordinator