## Office of Medicaid BOARD OF HEARINGS

#### **Appellant Name and Address:**



Appeal Decision: Denied Appeal Number: 2300646

**Decision Date:** 4/4/2023 **Hearing Date:** March 03, 2023

Hearing Officer: Brook Padgett

Appellant Representative: MassHealth Representative:

Pro se Sheldon Sullaway, DDM



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

### APPEAL DECISION

**Appeal Decision:** Denied Issue: 130 CMR 420.427

**Decision Date:** 4/4/2023 **Hearing Date:** March 03, 2023

MassHealth Rep.: Dr. Sullaway Appellant Rep.: Pro se

**Hearing Location:** 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 December 05, 2022, stating: Your request for prior authorization for a complete lower and complete upper denture has been denied. (130 CMR 420.427(F) (Exhibit 1).

The appellant filed this appeal timely on January 26, 2023. (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**

The appellant's request for prior authorization for a complete lower denture and complete upper denture was denied.

## **Issue**

Is the appellant eligible for replacement of a complete lower denture and/or complete upper denture?

<sup>&</sup>lt;sup>1</sup> The timeline to appeal has been extended outside the 30 day time limit due to COVID19.

# **Summary of Evidence**

The MassHealth representative, a licensed dentist, asserted that the appellant's dental provider submitted a prior authorization (PA) request for replacement of complete lower and complete upper denture on December 05, 2022. This request was denied on December 05, 2022. Attached to the appellant's prior authorization request was a completed Supplemental Dental Prior Authorization Form and other documentation. The representative explained that the appellant's request was denied because MassHealth does not pay for replacement dentures that are less than seven years old and the appellant was authorized a complete set of upper and lower dentures on October 29, 2019, which is within seven years. MassHealth submitted into evidence the appellant's PA request. (Exhibit 4).

The appellant testified that in 2021 she left her dentures in a hotel in New York. She stated she called the hotel as soon as she got home and realized her dentures were missing, but the hotel said they did not find them. The appellant stated she did not lose her dentures on purposed and has been without teeth for more than a year.

MassHealth responded that the regulations do not allow for replacement within seven years and 130 CMR 420.428(A) states the appellant is responsible for all care and maintenance of the dentures once they are received.

# **Findings of Fact**

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

- 1. On December 05, 2022, the appellant requested prior authorization for the replacement of a complete lower and complete upper denture. (Exhibit 1).
- 2. In 2021 the appellant left her upper and lower dentures in a hotel in New York.
- 3. On October 29, 2019, the appellant received a complete lower denture and complete upper denture paid for by MassHealth. (Exhibit 4).
- 4. MassHealth will not authorize payment for replacement dentures when the existing denture is less than seven years old. (130 CMR 420.427(F)(5)).

# **Analysis and Conclusions of Law**

130 CMR 420.428(F) governs the authorization of replacement dentures. This regulation states that the Division will not authorize the payment for replacement dentures if the member's dental history reveals any of the conditions listed at 130 CMR 420.427(F)(1) through (8).

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- (F) <u>Replacement of Dentures</u> 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.

The appellant submitted a request on December 05, 2022 for the replacement of a set of complete lower and complete upper denture. The record indicates the appellant received a complete lower and complete upper denture from MassHealth on October 29, 2019. 130 CMR 420.428(F)(5) states that the Division will not authorize payment for replacement dentures if the existing denture is less than seven years old.

Although the appellant did not intend to leave (lose) her dentures the regulations state each member is responsible for all denture care and maintenance following insertion.

# 130 CMR 420.428: 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.

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As the appellant's existing complete upper and lower dentures are less than seven years old the MassHealth action is upheld and this appeal 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.

Brook Padgett Hearing Officer Board of Hearings

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

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