

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2300939
Decision Date:	3/29/2023	Hearing Date:	03/10/2023
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:

Pro se

Appearance for MassHealth:

Via telephone:

Sheldon Sullaway



*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

Appeal Decision:	Denied	Issue:	Prior Authorization – Adult Dental
Decision Date:	3/29/2023	Hearing Date:	03/10/2023
MassHealth’s Rep.:	Dr. Sullaway	Appellant’s Rep.:	Pro se
Hearing Location:	Quincy Harbor South Remote	Aid Pending:	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 January 25, 2023, MassHealth denied the appellant's prior authorization request for dental service code D5110 – complete maxillary (upper) denture (Exhibit 1). The appellant filed this appeal in a timely manner on February 6, 2023 (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 upper denture.

Issue

The appeal issue is whether MassHealth was correct in denying the appellant’s prior authorization request.

Summary of Evidence

Dr. Sheldon Sullaway, 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 January 25, 2023, the appellant's provider submitted a prior authorization request for dental service code D5110 – complete upper denture. On January 25, 2023, 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 services less than seven years ago, on June 3, 2020.

The appellant appeared at hearing via telephone and testified as follows: on June 3, 2020, the dentist removed her upper teeth and gave her a denture that did not fit. After a couple months of adjustments and trying to get that denture to work, the dentist made her a new denture on October 13, 2020 at no cost. The appellant stated that denture still does not fit her, even after multiple adjustments and another reline on June 15, 2021. She went to the office again on July 27, 2021 and the dentist told her they will not redo her dentures a third time because they have already done it twice. The dentist office suggested she return the denture and it would refund the amount paid to it by MassHealth in order to reinstate her MassHealth denture benefit so she could seek the service from another provider. She provided a letter from her dentist office summarizing the situation, as well as a ledger showing charges and payments dated June 15, 2022 and June 27, 2022. The appellant stated she is young and it is embarrassing to have no teeth and it is making her depressed.

Dr. Sullaway stated that he does not have any authority to deal with the financial side of things and there is no record of MassHealth being refunded. He suggested an avenue (filing a complaint form with the Dental Complaint Department) that the appellant could explore to possibly rectify the issue. He provided the appellant with both a phone number and address for the Dental Complaint Department.

After hearing, this hearing officer asked the DentaQuest Member Intervention Specialist via email whether there was any record of a refund from the appellant's provider. He responded via email on the same day that there is no refund at this time.

Findings of Fact

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

1. On January 25, 2023, MassHealth received a prior authorization request for dental service code D5110 – complete upper denture (Testimony and Exhibit 4).
2. On January 25, 2023, MassHealth denied the request because the service is allowed once every seven years (or 84 months) (Testimony and Exhibits 1 and 4).
3. MassHealth paid for and the appellant received the complete upper denture less than seven years ago, on June 3, 2020 (Testimony).

4. The appellant timely appealed the denial on February 6, 2023 (Exhibit 2).
5. On June 3, 2020, the appellant received one denture from her dentist office. After having it adjusted eight times, her dentist made a new one for her at no charge on October 13, 2020. The appellant returned three times to the dentist office to have it adjusted. On June 15, 2021, the dentist did another reline at no charge. (Testimony and Exhibit 2).
6. The appellant is still in possession of the denture (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.

Regulation 130 CMR 420.428 lays out the framework for denture benefits for MassHealth beneficiaries and their possible replacement and repair. There is a strong regulatory presumption that replacement dentures for those dentures which are less than seven years old cannot be approved by the MassHealth agency unless some extraordinary or unusual circumstances, such as those in 130 CMR 420.428(F)(1) through (4) or (6) through (8), exist.

In this matter, the record is clear that the appellant is still in possession of the denture and MassHealth paid for it on June 3, 2020, under the 84-month (or 7-year) replacement standard. While the appellant's dentist is willing to return the amount paid to it by MassHealth, there is no record of that happening. Under these circumstances and based on testimony from both parties at hearing, the appellant has not met the replacement criteria listed in 130 CMR 420.428(F) and the appeal is denied.

Order for MassHealth

None.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact the MassHealth Dental Program through MassHealth Customer Service.¹ If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings at the address on the first page of this decision.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA

¹ The direct Customer Service number for DentaQuest for MassHealth members is 1-800-207-5019. The general number for MassHealth Customer Service is 1-800-841-2900.