

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2301699
<b>Decision Date:</b>	6/7/2023	<b>Hearing Date:</b>	April 14, 2023
<b>Hearing Officer:</b>	Brook Padgett	<b>Record Open to:</b>	May 15, 2023

**Appellant Representative:**



**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>	6/7/2023	<b>Hearing Date:</b>	April 14, 2022
<b>MassHealth Rep.:</b>	Dr. Sullaway, DMD	<b>Appellant Rep.:</b>	Daughter
<b>Hearing Location:</b>	Telephonic		

### 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 February 16, 2023, stating: "Your request for prior authorization for complete upper and lower denture has been denied." (Exhibit 1).

The appellant timely filed this appeal on March 02, 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

MassHealth denied the appellant's request for prior authorization for full upper and lower denture.

### Issue

Is the appellant eligible for replacement of full upper and lower dentures?

## 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 a full upper and lower denture on February 16, 2023. This request was denied by MassHealth on February 16, 2023. The request indicated the appellant required the replacement of his full upper and lower dentures due to his medical treatment making his dentures no longer fit. The representative explained that the appellant's request was not approved because MassHealth does not pay for replacement dentures that are less than seven years old 130 CMR 420.427(F)(5) and the record indicates the appellant received his current dentures on [REDACTED] 2021 which is less than seven years. MassHealth submitted into evidence: DentaQuest Authorization Determination and Claim Form. (Exhibit 4).

The appellant was represented by his daughter who testified the appellant has diabetes and has recent undergone cancer treatments which has caused his weight loss. She stated the appellant's weight loss caused his dentures to no longer fit him and has made his eating very difficult. The representative argued the appellant needs properly fitting dentures so he can eat and keep his health intact. The representative maintained the appellant needs to be able chew his food as he requires 16 medications that cannot be taken without food.

MassHealth responded that there is nothing in the record that indicate the appellant's dentures are medically necessary.

The hearing officer requested the appellant's representative obtain a narrative from the dental provider explaining why new dentures are medically necessary along with an explanation as to whether the current denture can or cannot be relined. (Exhibit 5).

Prior to the close of the record open period the appellant submitted a letter from his dentist which states in part: "Upper and lower complete dentures were done on [REDACTED]. [The appellant] was diagnosed with oral cancer in 2022 and underwent chemotherapy and radiation treatment. He claims that his existing dentures do not fit well. [The appellant] does not wish to have a reline done and prefers to have a new set of dentures made." (Exhibit 6).

MassHealth responded that they had received and reviewed the additional records and find no exceptions to the regulations at 130CMR420.428(F)(5). (Exhibit 7).

## 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 January 06, 2021, MassHealth provided the appellant with a complete full set of upper and lower dentures. (Testimony).

3. On February 16, 2023, the appellant requested prior authorization for replacement of his complete set of upper and lower dentures. (Exhibit 1).
4. The hearing record was left open for the appellant to obtain a narrative from his dental provider explaining why new dentures are medically necessary along with an explanation explaining why the current denture cannot be relined. (Exhibit 5).
5. The appellant submitted a letter from his provider which states in part: “[The appellant] was diagnosed with oral cancer in 2022 and underwent chemotherapy and radiation treatment. He claims that his existing dentures do not fit well. [The appellant] does not wish to have a reline done and prefers to have a new set of dentures made.” (Exhibit 6).
6. MassHealth reviewed the additional information and found no exceptions to 130CMR420.428(F)(5). (Exhibit 7).

## Analysis and Conclusions of Law

130 CMR 420.428(F) governs the authorization of replacement dentures. This regulation states that MassHealth 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). 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.

(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 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. (*Emphasis added*).

On February 16, 2023, MassHealth received a PA request from the appellant's provider requesting a complete set of upper and lower dentures. The record indicates the appellant received a complete set of upper and lower dentures which was authorized and purchased by MassHealth on January 06, 2022.

The appellant submitted a letter from his dental provider which states the appellant "claims his existing dentures do not fit well" and that he "does not wish to have a reline done and prefers to have a new set of dentures made." This letter is not sufficient evidence to explain why a new complete set of upper and lower dentures are medically necessary or why the current denture cannot be relined as requested. The statement from the provider merely restates the appellant's claims and is not a medical assessment of how the appellant's current dentures fit or whether they can be relined.

The appellant has requested the replacement of dentures that are less than seven years old. There has been no evidence presented to demonstrate why a new complete full set of upper and lower dentures are medically necessary or that the current dentures cannot be relined. As a result the MassHealth denial of the prior authorization is upheld and 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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Brook Padgett  
Hearing Officer  
Board of Hearings

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