

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2303090
<b>Decision Date:</b>	6/22/2023	<b>Hearing Date:</b>	05/26/2023
<b>Hearing Officer:</b>	Christopher Jones		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Dr. Sheldon Sullaway – DentaQuest Rep.



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization – Partial Denture
<b>Decision Date:</b>	6/22/2023	<b>Hearing Date:</b>	05/26/2023
<b>MassHealth's Rep.:</b>	Dr. Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 March 29, 2023, MassHealth denied the appellant's prior authorization request for a new partial upper denture. (See Exhibit 1.) The appellant filed this appeal in a timely manner on April 18, 2023. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

### Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for a partial upper denture because MassHealth had paid for one within the past 84 months.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.428(D), in denying the appellant's requested replacement denture because it had paid for a partial upper denture within the past 84 months.

### Summary of Evidence

On or around March 29, 2023, the appellant's dentist submitted a prior authorization request for procedure D5211, a maxillary partial denture. An x-ray was submitted with this request, but there

was no narrative attached. This request was denied on the same day because MassHealth had paid for a partial maxillary denture on December 7, 2018. Dr. Sullaway explained that MassHealth only pays for a replacement denture once every 84 months, though there are some exceptions. The appellant's existing partial denture was less than seven years old, and the appellant's dentist did not explain what had happened to it.

The appellant testified that her old partial denture did not fit well anymore, and it often hurt her gums. She was at the dentist having a filling put into one of her other teeth and commented that her denture was uncomfortable. Her dentist suggested that she have a new denture made; she was told that she was eligible for the replacement. She had also lost a tooth since her last partial denture was made, so the new partial denture was going to include the newly missing tooth as well. The dentist went ahead and made a mold of her upper palate in that same visit. She believed that her denture was old enough to be replaced, but she did not really think at the time about needing to wait for prior authorization. She recalled talking to the front desk about paperwork, but she was never told that the replacement dentures were denied by MassHealth. She testified that the replacements were fitted two weeks later; the dentist spent a great deal of time getting them to fit and she is very pleased with how comfortable they are.

When asked why she proceeded with getting the dentures when prior authorization was denied, the appellant did not recall knowing about the prior authorization denial. She assumed that her dentist had checked with MassHealth and the dentures were approved. The appellant was informed that a MassHealth provider is not supposed to bill a member for services that could be covered by MassHealth. The entire purpose of prior authorization is to ensure that a member is eligible for coverage before the procedure is performed. Dr. Sullaway was unable to opine whether the appellant's old dentures were, in fact, unusable. It is possible that dentures can be relined in order to improve their fit, and a tooth can be added during the relining process. However, the appellant's dentist did not provide any evidence that the old dentures were unrepairable.

Dr. Sullaway suggested that the appellant contact the Dental Intervention Services and request a Complaint Form.<sup>1</sup> This department works with members and providers to resolve coverage issues that arise between members and providers. The appellant did not want to complain about her dentist because she felt he had done very good work. She was confused regarding how all of this happened, and she was concerned about the possibility of having to pay for the denture herself, as she has very little income. She also has many other health problems and finds this whole process very stressful. She said she did not want to fill out any more paperwork because it was too stressful, but that she would try and talk to her dentist again and possibly call Intervention Services to find out if they could help her understand what happened.

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<sup>1</sup> The appellant can get a Complaint Form by calling 1-800-207-5019 and asking for ask for a Complaint Form. She can also write to MassHealth Dental Program, Attn: Intervention Services, P.O. Box 9708 Boston, MA 02114-9708.

## Findings of Fact

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

1. On or around March 29, 2023, a prior authorization request was submitted on the appellant's behalf, seeking coverage for a maxillary partial denture. (Exhibit 4.)
2. MassHealth denied this request on the same day because it had paid for a partial maxillary denture on December 7, 2018. (Exhibit 4; testimony by Dr. Sullaway.)
3. The appellant's upper dentures had worked well, but she had lost an upper tooth and the existing denture became uncomfortable. Her new dentist made her a new upper, and it fits very well. The appellant did not understand the process of prior authorization and did not know that the replacement had been denied when she got the new one. (Testimony by the appellant.)
4. It is possible to reline dentures and add new teeth to them. No evidence was submitted that the existing dentures could not be relined or repaired. (Testimony by Dr. Sullaway; Exhibit 5.)
5. The appellant did not want to file a complaint with Intervention Services because she is generally happy with her new dentures and her dentist. However, she cannot afford to pay for the dentures out of her very limited income. (Testimony by the appellant.)

## Analysis and Conclusions of Law

MassHealth pays for dental services that are medically necessary. (130 CMR 420.421(A).) Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000, and the MassHealth Dental Manual.<sup>2</sup> (130 CMR 450.204.) Often, prior authorization is required to establish medical necessity before services may be provided. (130 CMR 420.410.) Where prior authorization is required, the provider is "responsible for including with the request for prior authorization appropriate and sufficient documentation to justify the medical necessity for the service." (130 CMR 420.410(C)(1).) MassHealth's dental contractor also publishes additional guidance in the Dental Program Office Reference Manual ("ORM").<sup>3</sup>

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<sup>2</sup> The Dental Manual is available on MassHealth's website, in the MassHealth Provider Library. (Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers> (last visited June 1, 2023).)

<sup>3</sup> The Office Reference Manual is available at <https://masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf> (last visited June 1, 2023).

Regarding dentures, the agency has ruled that they are medically necessary as follows:

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.

...

(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;
- (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.

(130 CMR 420.428 (emphasis added).)

Breaking this regulation down, subsection (A) clearly limits payment for dentures to once every seven years. However, subsection (F) allows replacements that are “necessary,” and the remaining language indicates that replacements will be allowed within seven years in some circumstances. Additional guidance exists in section 15.6 of the ORM. Under the “Criteria for Replacement Prosthodontics,” it states: “If there is a pre-existing prosthesis, it must be at least seven years old **and unserviceable** to qualify for replacement.” (Emphasis added.)

There is no evidence that the appellant’s existing dentures were unserviceable. The appellant did not recall any conversation regarding fixing her existing dentures, but rather that her dentist simply moved on to replacing them. Furthermore, while the appellant’s provider submitted for prior authorization, they did not include any documentation to support the necessity of replacing the appellant’s existing dentures instead of relining them. Therefore, none of the exceptions listed in 130 CMR 420.428(F) apply, and 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.

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Christopher Jones  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA