

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



|                         |                 |                       |            |
|-------------------------|-----------------|-----------------------|------------|
| <b>Appeal Decision:</b> | Denied          | <b>Appeal Number:</b> | 2303543    |
| <b>Decision Date:</b>   | 6/7/2023        | <b>Hearing Date:</b>  | 06/02/2023 |
| <b>Hearing Officer:</b> | Thomas J. Goode |                       |            |

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sheldon Sullaway, DMD, DentaQuest



*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>            | 130 CMR 420.428 |
| <b>Decision Date:</b>     | 6/7/2023                 | <b>Hearing Date:</b>     | 06/02/2023      |
| <b>MassHealth's Rep.:</b> | Sheldon Sullaway,<br>DMD | <b>Appellant's Rep.:</b> | Pro se          |
| <b>Hearing Location:</b>  | Remote                   |                          |                 |

### 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 30, 2023, MassHealth denied Appellant's prior authorization request for dental services (130 CMR 420.428 and Exhibit 1). Appellant filed this appeal in a timely manner on May 1, 2023 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for dental services.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.428(G), in denying Appellant's request for prior authorization of dental services.

### Summary of Evidence

MassHealth was represented by a licensed dental consultant who appeared by telephone and testified to 40 years of clinical experience, and status as a professor of dental medicine at Tufts

University Dental School. On March 30, 2023, a prior authorization request for procedure codes D5750 and D5751, relines of upper and lower denture was submitted to MassHealth and denied. MassHealth records show that Appellant's upper denture was relined on [REDACTED] 2021, and her lower denture was relined on [REDACTED] 2021. MassHealth authorizes relining of dentures only once every 36 months, therefore the request was denied pursuant to 130 CMR 420.428(G). The MassHealth representative suggested that Appellant use adhesive or consider speaking with her dentist about a temporary relines which would not be covered by MassHealth but might resolve issues until she is eligible to have her dentures relined.

Appellant testified that she does not remember having her dentures relined and stated that her bottom dentures are not fitting properly. She added that she has tried adhesives, but the lower denture still does not fit correctly in the back of her mouth. Appellant testified that she lost weight during the pandemic and feels she should be able to get her dentures repaired.

## **Findings of Fact**

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

1. On March 30, 2023, a prior authorization request for procedure codes D5750 and D5751, relines of upper and lower dentures was submitted to MassHealth and denied.
2. MassHealth records show that Appellant's upper denture was relined on [REDACTED] 2021, and her lower denture was relined on [REDACTED] 2021.

## **Analysis and Conclusions of Law**

Regulation 130 CMR 420.428(G) states that the MassHealth agency pays for chairside and laboratory complete denture relines. Payment for dentures includes any relines or rebases necessary within six months of the insertion date of the denture. The MassHealth agency pays for subsequent relines once every three calendar years per member. MassHealth records show that Appellant's upper denture was relined on [REDACTED] 2021, and her lower denture was relined on [REDACTED] 2021. Because Appellant has had her dentures relined within the last 36 months, the prior authorization request 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.

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Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest