

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304170
Decision Date:	*07/28/2023	Hearing Date:	06/23/2023
Hearing Officer:	Casey Groff		

*This reflects the correct date of Decision.

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Sheldon Sullaway, DDS (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

Appeal Decision:	Denied	Issue:	Dental Services – Removable Prosthodontics (Dentures)
Decision Date:	*07/28/2023	Hearing Date:	06/23/2023
MassHealth's Rep.:	Sheldon Sullaway, DDS	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Telephonic	Aid Pending:	No

*This reflects the correct date of Decision.

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 28, 2023, MassHealth denied Appellant's prior authorization (PA) request for removable upper and lower dentures because he exceeded the benefit limitation for this service. See 130 CMR 420.428 and Exhibit 1, p. 2. Appellant filed this appeal in a timely manner on May 18, 2023. See 130 CMR 610.015(B) and Exh. 1, p. 1. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's request for dentures because he exceeded the benefit limitation.

Issue

The appeal issue is whether MassHealth was correct in denying Appellant's request for dentures due to having exceeded MassHealth benefit limitations.

Summary of Evidence

The MassHealth representative, a Massachusetts licensed dentist and consultant for DentaQuest, appeared at the hearing by telephone. DentaQuest is the third-party contractor that administers and manages MassHealth's dental program. Through testimony and documentary submissions, the MassHealth representative presented the following evidence: Appellant is a MassHealth adult member over the age of 21. See Exh. 2; see also Exh. 4, p. 3. On March 28, 2023, MassHealth received a prior authorization (PA) request from Appellant's dental provider seeking approval for coverage of a complete maxillary denture (upper arch) and a complete mandibular denture (lower arch) under procedure codes D5110 and D5120, respectively. See Exhibit 4, p. 3. The provider included the following note in the PA request:

F/F made in 2022. Teeth are too short, too small in width, the midline is off, [they] are loose, ill fitting. The teeth were charged as D5110 and D5120, but they seem to be immediate dentures.

Id. at 4.

On March 28, 2023, MassHealth denied Appellant's PA request based on the determination that he had reached the benefit limitation for dentures, which are covered once per 84 months. See Exh. 1, p. 2. The MassHealth representative testified that MassHealth previously approved Appellant for the requested treatment, and on January 28, 2022, paid Appellant's dental provider for completion of Appellant's upper and lower dentures. Under 130 CMR 420.428(F), MassHealth will only replace a member's dentures once every 84-months, or 7-years. The representative explained that because Appellant received coverage for a complete upper and lower denture within 7-years, he is ineligible for replacement dentures at this time. The MassHealth representative affirmed MassHealth's decision to uphold the denial based on the cited program regulations and service limitations.

Appellant appeared at the hearing by telephone and provided the following testimony: In early 2022, when he was under the care of a different dental provider, Appellant received the set of dentures he has currently. Appellant testified that the dentures have never fit properly and cause pain. Additionally, they are incomplete as they are missing two back molars. Appellant explained that during a dental visit on January 18, 2022, his then-dental provider performed multiple extractions of his remaining teeth, and during the same encounter inserted both denture plates. Appellant has since become aware that this practice (inserting dentures on the same date of extraction) is not a permitted MassHealth service. Prior to hearing, Appellant submitted into evidence, the list of claims billed by his former provider from his January 18, 2022 encounter, which included claims for multiple extractions, as well as the claims for D5110 (complete denture – maxillary) and D5120 (complete denture – mandibular). See Exh. 5, p. 9. Appellant also submitted

photographic evidence to further support his testimony that the teeth in the dentures are too small and set too high in the gums that it does not appear as if he is wearing dentures or allow him to properly eat while wearing them. See Exh. 5, pp. 1-8. He sent pictures to further illustrate his testimony that the middle of the teeth and plate do not line up with the middle of his mouth and face, such that it is off by an entire tooth. Id. For comparison, Appellant submitted photographs of a properly fitting denture, which, he noted was larger in size and included an inscription of the owner's initials. Appellant testified that his dentures do not have his initials, supporting his belief that he received only an immediate, or temporary set of dentures. Appellant testified that because the dentures are so poorly fitting, it is not worth having them relined or re-adjusted. He does not wear them as they offer no functional or aesthetic help.

Appellant explained that he sought numerous attempts to rectify this issue with the former practice and requested they remake his dentures. A representative from the practice told Appellant that his provider was no longer working at the location, and his whereabouts were unknown. The representative ultimately declined his request remake the dentures and noted that the practice had been sold and was under new ownership (although it retained the same name). Appellant also stated that he spoke with someone at MassHealth that deals with customer complaints and was told to file this appeal.

Findings of Fact

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

1. Appellant is a MassHealth member over the age of 21.
2. On March 28, 2023, MassHealth received a PA request from Appellant's dental provider seeking approval for coverage of a complete maxillary denture (upper arch) and a complete mandibular denture (lower arch) under procedure codes D5110 and D5120, respectively.
3. In his PA request, Appellant's provider made the following comment: *F/F made in 2022. Teeth are too short, too small in width, the midline is off, [they] are loose, ill fitting. The teeth were charged as D5110 and D5120, but they seem to be immediate dentures.*
4. On March 28, 2023, MassHealth denied Appellant's PA request based on the determination that he had reached the benefit limitation for dentures, which are covered once per 84 months.
5. MassHealth previously approved Appellant for the requested treatment, and on January 28, 2022, paid Appellant's dental provider for completion of Appellant's upper and lower dentures.

6. Appellant received his current dentures from his former dental provider on January 18, 2022, which is the same date the provider performed multiple extractions of Appellant's remaining teeth.
7. Appellant's current dentures have been ill-fitting since receiving them; they do not fit (are too small); are missing two back molars; and are misaligned such that he cannot eat.
8. Appellant does not wear the dentures because they are painful and offer no functional or aesthetic benefit.
9. The dental practice where Appellant received his initial dentures declined Appellant's request to have the dentures remade.
10. Appellant has not had the dentures adjusted because the fit is so poor.

Analysis and Conclusions of Law

This appeal addresses whether MassHealth correctly denied Appellant's prior authorization (PA) request for a complete mandibular denture and a complete maxillary denture. Pursuant to the MassHealth dental program regulations, MassHealth will cover medically necessary prosthodontic services, subject to the service descriptions and limitations set forth therein. See 130 CMR 420.421(C)(7). For members over 21 years of age, MassHealth covers complete and partial removable dentures pursuant to prior authorization but does not pay for immediate or temporary dentures. See id.; see also 130 CMR 420.421(B)(2); and 130 CMR 420.428(B).

The cost of coverage for removable ***prosthodontics (dentures) is covered "once per seven calendar years per member."*** 130 CMR 420.428(A). The payment includes "all services associated with the fabrication and delivery process, including all adjustments necessary in the six months following insertion Id. MassHealth places the responsibility on the member to provide all denture care and maintenance following insertion. Id. Additionally, payment for dentures includes the following procedures:

- (1) All denture services require appropriate diagnostic quality radiographs to be taken and stored in the member's chart.
- (2) As part of the denture fabrication process, the member must approve the teeth and setup in wax and try on the denture setup at a try-in visit before the dentures are processed.***
- (3) The member's identification must be on each denture.***
- (4) All dentures must be initially inserted and subsequently examined and can be

adjusted up to six months after the date of insertion by the dentist at reasonable intervals consistent with the community standards.

(5) If a member does not return for the insertion of the completed processed denture, the provider is required to submit to the MassHealth agency written evidence on their office letterhead of at least three attempts to contact the member over a period of one month via certified mail return receipt requested. Upon providing documentation, the provider may be reimbursed a percentage of the denture fee to assist in covering costs. See 130 CMR 450.231: General Conditions of Payment.

130 CMR 420.428(C) (emphasis added).

MassHealth will cover the medically necessary replacement of dentures, but not 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.

See 130 CMR 420.428(F).

Additionally, the MassHealth Dental Program, Office Reference Manual (ORM) provides that "if there is a pre-existing [removable] prosthesis, ***it must be at least seven years old and unserviceable to qualify for replacement.***" See ORM, p. 42 (Oct. 26, 2021).

Here, it is undisputed that in January 2022, MassHealth reimbursed Appellant's then dentist for providing Appellant with a complete lower mandibular denture and complete maxillary denture. At hearing, Appellant submitted convincing evidence to suggest that he never received a satisfactory set of dentures, and likely, only received a temporary or immediate denture, often used as a placeholder while awaiting delivery of the permanent denture. As stated above, MassHealth does not cover temporary or immediate dentures for members over the age of 21.

See 130 CMR 420.428(B). Moreover, a temporary denture, like the one received by Appellant, would not satisfy the denture procedures specified under 130 CMR 420.428(C) to justify reimbursement. While Appellant raises legitimate claims, his grievance ultimately lies in the provider's failure to render the service for which he was paid.¹ As provider liability is an issue beyond the scope of this appeal, it cannot be adjudicated in this fair hearing decision.

MassHealth has already determined that Appellant has a medical need for a set of upper and lower dentures; and because of this, MassHealth paid Appellant's provider to render these services. The January 2022 payment included reimbursement for not only the fabrication and delivery of an acceptable set of dentures, but all procedures in the six-months following its placement to ensure an appropriate fit. As MassHealth only pays for dentures once per 7 years per-member, Appellant is not eligible for coverage at this time. To the extent Appellant's current prosthesis can be considered a legitimate denture eligible for "replacement," there was no evidence to show any subsequent procedures to render the denture serviceable [had] been exhausted." See ORM, p. 42; see also 130 CMR 420.428(F). Ultimately, Appellant did not demonstrate sufficient grounds to overturn the MassHealth action.

Based on the foregoing, 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.

Casey Groff
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA

¹ As MassHealth regulations explicitly state, it is the provider who is "responsible for the quality of all services for which payment is claimed, the accuracy of such claims, and compliance with all regulations applicable to dental services under MassHealth." See 130 CMR 420.404.

