

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2304354
Decision Date:	8/14/2023	Hearing Date:	07/14/2023
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Dr. 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 - Dental
Decision Date:	8/14/2023	Hearing Date:	07/14/2023
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notice dated May 2, 2023, MassHealth denied Appellant's request for prior authorization to replace Appellant's full upper and lower dentures on the grounds that Appellant's existing or previous dentures are less than seven (7) years old (Exhibit A). Appellant filed this appeal in a timely manner on May 25, 2023 (see 130 CMR 610.015(B) and Exhibit A). Denial of prior authorization for assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's request for prior authorization to replace Appellant's full upper and lower dentures.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied prior authorization to replace Appellant's full upper and lower dentures.

Summary of Evidence

Both parties appeared by telephone.

MassHealth was represented by a dentist who testified that Appellant's dental provider submitted a prior authorization request to MassHealth seeking prior approval for dental services D5120 (full upper denture) and D5110 (full lower denture). The MassHealth representative testified that both items were denied because Appellant was previously provided with these items on in October 2017 and MassHealth denies replacement of these items if they are less than seven years old.

Appellant appeared on her own behalf. Appellant testified that the dentures she received have not fit properly for years. She testified that the lower denture is all but unwearable as they cause soars on her gums and require repeated applications of denture glue all day long. Appellant testified that she has ben unable to eat a proper diet for years and gone from 250 pounds down to 125 pounds. Appellant asserts that the inability to chew is detrimental to her health and she cannot wait until October 2024 to get new dentures. A letter from Appellant's dentist dated May █ 2023 corroborates Appellant's weight loss and ill-fitting dentures (Exhibit B).

In response, the MassHealth representative testified that there is no medical necessity provision for the MassHealth dental program for members over the age of 21, such as Appellant. The MassHealth representative also testified that there are nutritious diets of soft foods and liquids that can supply an edentulous person with fully adequate nutrition.

Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. Appellant is appealing the denial of a prior authorization request for full upper and lower dentures.
2. MassHealth denied the request because Appellant's existing dentures are less than seven years old.
3. Appellant was furnished with full upper and lower dentures in October 2017.
4. Appellant is over the age of 21.

Analysis and Conclusions of Law

Medical necessity considerations do not supersede the service descriptions and limitations described in 130 CMR 420.422 through 420.456 for MassHealth members age 21 and above (130 CMR 420.421(A)).

This matter is controlled by MassHealth regulation 130 CMR 420.428 which states (emphasis supplied):

(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. 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 record does not evidence the applicability of conditions listed in sub sections 1-4, 6 or 7 above; therefore, subsection 5 does apply. MassHealth last furnished Appellant with full upper and lower dentures in October 2017. Insofar as the dentures are less than 7 years old, MassHealth properly applied the controlling regulation in denying the request.

For the foregoing reasons, the appeal is DENIED.

MassHealth does cover full denture relines once every three years (130 CMR 420.428(G)). Appellant may wish to consult with her dentist about whether relines would be appropriate and available to her at this time.

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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA