

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2305286

Decision Date: 9/11/2023

Hearing Date: 08/04/2023

Hearing Officer: Alexis Demirjian

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; Partial Upper Denture; Exceeds Maximum Benefit
Decision Date:	9/11/2023	Hearing Date:	08/04/2023
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	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 May 3, 2023, MassHealth denied the appellant's prior authorization for Dental Code 5211 (partial upper denture) because the appellant had exceeded the maximum benefit for this dental code. (see 130 CMR 420.428 (A) and Exhibit 1). The appellant filed this appeal in a timely manner on June 28, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal before the Board of Hearings (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for Dental Code D5211 (partial upper denture).

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.428 (A), in determining that the appellant had exceeded her maximum benefit allowance for Dental Code

5211 (partial upper denture).

Summary of Evidence

MassHealth contracts with DentaQuest to administer its prior authorization process for approving coverage of dental procedures. At hearing, a DentaQuest Consultant testified that the appellant's provider had submitted a prior authorization request for D5211(partial upper denture) on May 3, 2023. MassHealth denied the request on May 3, 2023. MassHealth denied the request pursuant to 130 CMR 420.428 (A), specifically the service is allowed one time every seven years and MassHealth records indicated that the appellant had received this service less than seven years ago.

Additionally, the DentaQuest Consultant testified that the appellant's treating provider did not include a narrative that included required information related to the teeth that were to be replaced and attesting that the teeth abutting the device are strong enough to support the partial denture.

The appellant acknowledged that she had received an upper partial denture within the past seven years, but requested a review to determine if an allowance could be made because there has been a change in her dental condition that does not allow the current partial to sit correctly. In addition, the appellant testified that she has a job with the public and the missing teeth cause her distress.

Findings of Fact

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

1. On May 3, 2023, the appellant's provider submitted a request for prior authorization for Dental Code D5211 (partial upper denture). (Testimony; Exhibit 4).
2. On May 3, 2023, MassHealth denied the prior authorization request. (Testimony; Exhibit 4).
3. MassHealth authorized and paid for Dental Code 5211 (partial upper denture) for the appellant less than seven years from the date of the new prior authorization. (Testimony; Exhibit 4).
4. The appellant's provider did not include a written narrative with the prior authorization request as required. (Testimony; Exhibit 4).

Analysis and Conclusions of Law

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.

130 CMR 420.428(A).

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(F).

MassHealth does not pay for the replacement of dentures if the member's denture history reveals the existing denture was less than seven years old and no other condition in *130 CMR 420.428(F)* applies. The appellant offered a sincere explanation as to why she was seeking an exception to the seven-year benefit limitation, unfortunately the record before the hearing officer did not include documentary evidence that would support overturning MassHealth's denial.

MassHealth's action is upheld, 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.

Alexis Demirjian
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA