

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2306148
<b>Decision Date:</b>	09/07/2023	<b>Hearing Date:</b>	09/01/2023
<b>Hearing Officer:</b>	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

<b>Appeal Decision:</b>	Dismissed	<b>Issue:</b>	Prior Authorization; Partial Lower Denture; Exceeds Maximum Benefit
<b>Decision Date:</b>	09/07/2023	<b>Hearing Date:</b>	09/01/2023
<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 July 11, 2023 , MassHealth denied the appellant's prior authorization for dental code D5212, partial lower denture, because MassHealth determined the appellant had exceeded her maximum benefit for this code. (see 130 CMR 420.428e and Exhibit 3). The appellant filed this appeal in a timely manner on July 25, 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, D5212 (partial lower denture).

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.428, in determining that the appellant had exceeded the maximum benefit allowed under the appellant's MassHealth coverage for dental code D5212.

## Summary of Evidence

MassHealth contracts with DentaQuest to review prior authorizations to determine whether members meet the criteria for MassHealth to cover certain covered dental procedures. At hearing, the DentaQuest consultant testified that on July 12, 2023 the appellant's provider requested prior authorization for dental code D5212 (partial lower denture). On July 12, 2023, DentaQuest promptly denied the request for prior authorization because the member had exceeded the benefit coverage for that procedure. According to the regulations, MassHealth authorizes payment for dentures with exceptions every 7 years.

The DentaQuest consultant testified that MassHealth had paid for the appellant to receive a partial lower denture on April 17, 2023. For those reasons, the appellant had already used the benefit for coverage of D5212 and would not be eligible for coverage of a lower partial denture for another 7 years.

The appellant testified that she did not contest the DentaQuest Consultant's testimony. The appellant acknowledged that she had received a lower partial denture paid for by MassHealth a few months before the prior authorization that is the subject of this appeal.

The appellant testified that she does not contest the denial of the prior authorization, but rather she was trying to obtain help because the partial denture she received in April was ill-fitting. Additionally, the appellant found that the provider was less than responsive when addressing her complaints about the dental device and the work that had been done on her teeth. The appellant testified that the dental office did not want to refit the lower partial denture and only did so after she indicated that she was calling MassHealth to report their behavior.

The appellant further testified that when she called MassHealth, she was directed to file a Fair Hearing Request rather than file a complaint form.<sup>1</sup> The appellant filed the Fair Hearing Request because she was seeking redress related to the dental work done in April.

In response to this testimony, the DentaQuest Consultant testified that MassHealth has a department to deal specifically with the type of complaint alleged by the appellant. The appellant was given the main MassHealth number, 1-800-207-5019, and told that she should ask specifically

---

<sup>1</sup> To ensure that MassHealth members are directed to the correct department for resolving member issues, it is imperative that MassHealth customer representatives understand that there are different methods for recourse and that not all issues are resolved before the Board of Hearings.

for a complaint form. Additionally, the appellant was given the following mailing address to request such a form: MassHealth Dental Program, Attn: Intervention Services, P.O. Box 9078, Boston, Massachusetts, 02114-5019.

## **Findings of Fact**

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

1. On July 12, 2023, the appellant's provider requested a prior authorization for D5212 (partial lower denture). (Testimony; Exhibit 4).
2. On July 12, 2023, MassHealth denied the appellant's prior authorization request. (Testimony; Exhibit 4).
3. On April 17, 2023, the appellant received a lower partial denture that was covered by MassHealth. (Testimony; Exhibit 4).
4. The appellant exceeded the maximum benefit allowance for this dental code D5212 (lower partial denture).

## **Analysis and Conclusions of Law**

130 CMR 420.428 (A), provides the service description and limitation for prosthodontic services.

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.

It is uncontested that the appellant has exceeded the maximum benefit for dental code D5212 (lower partial denture). The appellant does not disagree with the denial of the July 12, 2023, she merely filed this appeal to raise her complaints regarding the alleged treatment by the provider who completed her earlier dental work. Since the appellant no longer contests

MassHealth's action in denying the July 12, 2023, prior authorization, this appeal is DISMISSED.

## **Order for MassHealth**

None.

---

Alexis Demirjian  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA