

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2308187
Decision Date:	12/1/2023	Hearing Date:	10/13/2023
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:



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:	12/1/2023	Hearing Date:	10/13/2023
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 August 17, 2023, MassHealth denied Appellant's prior authorization request for flexible-base partial upper and lower dentures (Exhibit A). Appellant filed for this appeal in a timely manner on September 11, 2023 (see 130 CMR 610.015(B) and Exhibit A). Denial of assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization requests for flexible-base partial upper and lower dentures.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied Appellant's prior authorization request for flexible-base partial upper and lower dentures.

Summary of Evidence

Both parties appeared by telephone.

MassHealth was represented by practicing dentist duly licensed in the Commonwealth. The MassHealth representative testified that Appellant's dental provider submitted a prior authorization request for dental service codes D5225 (flexible-base partial upper denture) and D5226 (flexible-base partial lower denture). The MassHealth representative testified that the request was denied because both of these service codes are not covered services under the MassHealth dental program.

Appellant and her representatives testified consistent with a one-page, typed letter from [REDACTED] MD dated July 14, 2023. According to the testimony and the letter, Appellant is receiving treatment for multiple myeloma which includes medications that present the potential side effect of osteonecrosis of the jaw. For this reason, Appellant's doctor is recommending flexible-base dentures instead of traditional dentures in order to avoid increasing the risk of this side effect due to gum irritation that can be caused by traditional stiff or hard-based dentures.

In response, the MassHealth representative testified that while he was sympathetic to Appellant's situation, pursuant to regulation 130 CMR 420.421(B) there is no medical necessity provisions for the adult dental program. There was no dispute that Appellant is over the age of 21.

Findings of Fact

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

1. Appellant's dental provider submitted a prior authorization request for dental service codes D5225 (flexible-base partial upper denture) and D5226 (flexible-base partial lower denture).
2. MassHealth denied the requested service codes on the grounds that they are not covered services for members over the age of 21.
3. Appellant is over the age of 21.

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)).

Covered MassHealth dental service codes are listed in the "*Dental Manual for MassHealth Providers*, Subchapter 6, Service Codes". According to this list, dental codes D5225 and D5226 are not covered for members over the age of 21, such as Appellant (130 CMR 420.421(A)(1)). Accordingly, MassHealth's determination is properly supported by the controlling regulation.

At hearing, Appellant presented evidence of the medical necessity of the requested services, but MassHealth is correct in its reliance on 130 CMR 420.421(B)(12) which indicates that medical necessity for uncovered services does not apply to members over the age of 21.

For the foregoing reasons, 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA