

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2308281
<b>Decision Date:</b>	12/15/2023	<b>Hearing Date:</b>	10/13/2023
<b>Hearing Officer:</b>	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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization - Dental
<b>Decision Date:</b>	12/15/2023	<b>Hearing Date:</b>	10/13/2023
<b>MassHealth's Rep.:</b>	Dr. Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	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 20, 2023, MassHealth denied Appellant's prior authorization request for a complete lower overdenture (Exhibit A). Appellant filed for this appeal in a timely manner on September 13, 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 a complete lower overdenture.

### 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 a complete lower overdenture.

## **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 code D5865 (complete lower overdenture). The MassHealth representative testified that the request was denied because this service code is not covered under the MassHealth dental program for members over the age of 21. Appellant is over the age of 21.

Appellant appeared on her own behalf and testified that she has two posts in her bottom jaw, but no denture. She testified that she has been out of work for the past 14 years and lives on Social Security Disability payments. Appellant testified that she has not eaten properly in months and does not know who to turn to.

## **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 code D5865 (complete lower overdenture).
2. MassHealth denied the requested service code on the grounds that it is not a 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 code D5865 is not covered for members over the age of 21, such as Appellant (130 CMR 420.421(A)(1)). Additionally, overdentures are specifically identified by regulation as not being a covered service for members over the age of 21 (130 CMR 420.421(B)(2)).

At hearing, Appellant testified to the medical necessity of the requested service, however, 130 CMR 420.421(B)(12) indicates that medical necessity for uncovered services does not apply to members over the age of 21.

MassHealth's determination is properly supported by the controlling regulations.

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.

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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA