

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2309483
Decision Date:	02/01/2024	Hearing Date:	11/10/2023
Hearing Officer:	Emily Sabo	Record Open to:	12/15/2023

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway, DentaQuest



*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:	Approved	Issue:	Dental Services; Procedure D5211— Maxillary Partial Denture; Maximum Benefit Allowance
Decision Date:	02/01/2024	Hearing Date:	11/10/2023
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	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 August 29, 2023, MassHealth denied the Appellant's prior authorization request for a maxillary partial denture for the upper arch (D5211). 130 CMR 420.428 and Exhibits 1 and 5. Appellant filed this appeal in a timely manner on October 10, 2023. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's request for a maxillary partial denture for the upper arch (procedure D5211) because she exceeded the benefit limitation.

Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's request for dentures due to having exceeded the MassHealth benefit limitation.

Summary of Evidence

The MassHealth representative, a Massachusetts licensed dentist and consultant for DentaQuest, appeared at the hearing by telephone. DentaQuest is the third-party contractor that administers and manages MassHealth's dental program. Through testimony and documentary submissions, the MassHealth representative presented the following evidence: Appellant is a MassHealth Standard member between the ages of 21-64. On August 29, 2023, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of a maxillary partial denture for the upper arch (procedure code D5211). Exhibit 5 at 3. The prior authorization request indicated that the Appellant had had teeth extracted and that her existing partial denture was not secure and could not be modified. Exhibit 5 at 6. On August 29, 2023, MassHealth denied prior authorization approval for maxillary partial denture for the upper arch under procedure code D5211 because of benefit limitations as the service is allowed once per 84 months. Exhibit 5 at 3.

The MassHealth representative testified that under 130 CMR 420.428(F)(5), MassHealth will only replace a member's dentures once every 84 months, or 7 years. The MassHealth representative explained that the request was denied because of that service limitation.

The Appellant appeared by telephone and verified her identity. The Appellant testified that her front upper teeth had to be removed, and that she has trouble chewing and smiling. The Appellant testified that the partial denture was initially too tight, and then, after adjustment, too loose. The Appellant testified that the partial denture comes loose and that she is afraid she will swallow the partial denture. The Appellant testified that her gums are itchy due to the ill-fitting partial denture.

The record was held open until December 4, 2023, for the Appellant to provide additional evidence, and until December 15, 2023, for MassHealth to review and respond. On November 29, 2023, the Appellant submitted additional materials from her dental provider. On December 1, 2023, the MassHealth representative responded that he had reviewed the materials but would still deny the request.

Findings of Fact

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

1. The Appellant is a MassHealth Standard member between the ages of 21-64 (Testimony; Exhibit 4).
2. On August 29, 2023, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of a maxillary partial denture for the upper arch under procedure code D5211 (Testimony; Exhibit 5 at 3).

3. On August 29, 2023, MassHealth denied Appellant's prior authorization request for a maxillary partial denture based on the determination that the Appellant had reached the benefit limitation for dentures, which are covered once per 84 months (Testimony; Exhibit 5 at 3).
4. The Appellant has had teeth extracted (Testimony; Exhibit 5).
5. There are significant gaps between the Appellant's existing partial denture and her gums (Testimony; Exhibit 2; Exhibit 6).
6. The Appellant's dental provider determined that the partial dentures could not be repaired or fixed with a reline (Exhibit 6).

Analysis and Conclusions of Law

At issue in this appeal is whether MassHealth correctly denied the Appellant's prior authorization request for a maxillary partial denture.

MassHealth pays for dental services that are medically necessary. 130 CMR 420.421(A). Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000 et seq, and the MassHealth Dental Manual.¹ A service is medically necessary if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency.

130 CMR 450.204(A).

MassHealth dental regulations governing coverage of removable prosthodontics states, in relevant part, the following:

(A) General Conditions. ***The MassHealth agency pays for dentures services once per seven calendar years per member...***MassHealth payment includes all services

¹ The Dental Manual is available on MassHealth's website, in the MassHealth Provider Library. Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>.

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...***

...

(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.

130 CMR 420.428 (emphases added).

The Appellant does not dispute that her maxillary partial denture is less than seven years old.² However, the Appellant and her dental provider presented sufficient testimony and evidence that her additionally extracted front teeth are a medical or surgical condition necessitating a new partial denture, and that the existing partial denture cannot be repaired or relined to make the existing partial denture usable. 130 CMR 420.428(F)(4); Exhibit 2, Exhibit 5; Exhibit 6. Based on that evidence, I find that a replacement is medically necessary and falls under the exceptions to the rule barring payment for replacement within seven years. Therefore, the Appellant provided sufficient evidence to demonstrate that replacement of the maxillary partial denture

² MassHealth did not provide specific testimony on when the Appellant previously received the partial denture. The MassHealth representative asked the Appellant whether it had occurred within the past seven years, and she testified that it had. The Appellant's dental provider indicated that the partial denture is five years old. Exhibit 6.

(upper arch) under procedure code D5211 is medically necessary. Accordingly, the appeal is approved.

Order for MassHealth

Approve the Appellant's August 29, 2023, prior authorization request for dental procedure code D5211 – maxillary partial denture (upper arch).

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Emily Sabo
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA