

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2310868
Decision Date:	03/01/2024	Hearing Date:	12/08/2023
Hearing Officer:	Emily Sabo	Record Open to:	01/16/2024

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:	Prior Authorization; Dental Services; Dentures, Maximum Benefit Allowance
Decision Date:	03/01/2024	Hearing Date:	12/08/2023
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 September 14, 2023, MassHealth denied the Appellant's prior authorization request for a complete maxillary denture for the upper arch (D5110). 130 CMR 420.428(F)(5) and Exhibits 1 and 5. Appellant filed this appeal in a timely manner on November 3, 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 complete maxillary denture for the upper arch (procedure D5110) because the Appellant 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 hearing was held telephonically. The MassHealth representative is a Massachusetts licensed dentist and consultant for DentaQuest, 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 September 14, 2023, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of a complete maxillary denture for the upper arch (procedure code D5110). Exhibit 5 at 3. On September 14, 2023, MassHealth denied prior authorization approval for a complete maxillary denture for the upper arch under procedure code D5110 because of benefit limitations as the service is allowed once per 84 months. *Id.*

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 MassHealth representative testified that, based on their records, the Appellant received an upper denture on May 20, 2022.

After verifying their identity, the Appellant testified that in 2022, the Appellant's dentist extracted the Appellant's remaining upper teeth.¹ The Appellant testified that their gums took a long time to heal and when the dentist tried to fit the denture in, the dentist said the Appellant's jaw had shrunk and that a lab adjustment of the denture would be useless.² The Appellant explained that this has caused medical complications, because due to [REDACTED] they have a limited and restricted diet, and that without being able to chew properly, they are regurgitating their food. The Appellant's primary care physician submitted a letter indicating that the Appellant is choking on and regurgitating food and it is medically necessary for the Appellant to receive dentures. Exhibit 2 at 3.³

Findings of Fact

¹ The Appellant indicated they prefer to be addressed using "they/them" pronouns.

² The Appellant testified that they subsequently learned that what they received is called an "immediate denture." The MassHealth representative testified that MassHealth does not authorize payment for immediate dentures, and it should not have been done. The MassHealth representative suggested that the Appellant could submit a MassHealth Member Dental Complaint Form. It was not resolved whether the Appellant received procedure D5110 in May 2022 or instead received an unauthorized procedure.

³ The record was held open because the MassHealth representative stated that he had not received the fair hearing form and supporting materials from the Appellant's doctor. The hearing officer sent the MassHealth representative and the appellant a copy of the materials by email on December 8, 2023. By the close of the record-open period, January 16, 2024, the MassHealth representative had not responded to the hearing officer whether MassHealth would alter its decision to deny the requested procedure.

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 September 14, 2023, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of a complete maxillary denture for the upper arch under procedure code D5110 (Testimony; Exhibit 5 at 3).
3. On September 14, 2023, MassHealth denied Appellant's prior authorization request for a complete maxillary 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. Due to [REDACTED], the Appellant is at risk for choking and regurgitating food that has not been properly chewed (Testimony; Exhibit 2).

Analysis and Conclusions of Law

At issue in this appeal is whether MassHealth correctly denied the Appellant's prior authorization request for a complete maxillary 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.⁴ 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

⁴ 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>.

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 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).

MassHealth presented testimony that the Appellant has an existing complete maxillary denture for the upper arch that is less than seven years old. However, the Appellant and the Appellant's primary care physician presented evidence that the Appellant has a medical or surgical condition necessitating a new denture, and that the existing partial denture cannot be repaired or relined to make the existing denture usable. 130 CMR 420.428(F)(4); Exhibit 2. Due to [REDACTED], the Appellant is at risk for choking and regurgitating food that has not been properly chewed and the Appellant's primary care physician has determined that dentures are

medically necessary. Exhibit 2 at 3. 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 complete maxillary denture (upper arch) under procedure code D5110 is medically necessary.

Accordingly, the appeal is approved.

Order for MassHealth

Approve the Appellant's September 14, 2023, prior authorization request for dental procedure code D5110 – complete maxillary 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