

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2313131
Decision Date:	3/11/2024	Hearing Date:	01/19/2024
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway for 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:	Denied	Issue:	Prior Authorization; Dental Services; Removable Prosthetic Services
Decision Date:	3/11/2024	Hearing Date:	01/19/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Remote	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 November 21, 2023, MassHealth denied the appellant's request for prior authorization for of dental procedure code D5750 because MassHealth determined that the appellant exceeded her maximum benefit limitation for that code. *See* 130 CMR 420.428(D) and Exhibit 1. The appellant filed this appeal in a timely manner on December 14, 2023. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of a request for prior authorization is valid grounds for appeal *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for dental code D5750.

Issue

The appeal issue is whether MassHealth correctly determined that she has met her current maximum benefit allowance for dental code D5750 in denying her prior authorization request.

Summary of Evidence

The appellant is an adult MassHealth member over the age of 21. MassHealth was represented by a Massachusetts-licensed dentist and consultant for DentaQuest, the third-party contractor that administers and manages MassHealth's dental program. All parties appeared by telephone. The following is a summary of the evidence and testimony provided at hearing.

On November 21, 2023, the appellant's dental provider submitted a prior authorization request on the appellant's behalf requesting coverage for dental code D5750, a relining of a complete maxillary denture. That same day, the request was denied because it exceeded the appellant's benefit limitations.

The MassHealth representative testified that MassHealth previously approved the appellant for the requested treatment and paid her dental provider for the completed services on June 14, 2022. He reported that MassHealth will only pay for dental code D5750 once every 36 months, or 3 years. The MassHealth representative explained that because the appellant received coverage for the procedure within the last three years, she is ineligible for coverage at this time.

The appellant agreed that she last received coverage of the requested code on June 14, 2022. She reported that, when she received her dentures back after that service, they felt as if they had not been touched. She reported filing a grievance with MassHealth Customer Service in October 2023 and stated that she was told that her grievance had been approved and that she could receive coverage of the requested service. The appellant confirmed that all contact she had with MassHealth had been over the phone and that she had no documentation of the outcome of her grievance.

Findings of Fact

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

1. The appellant is a MassHealth member over the age of 21. Testimony, Exhibit 4.
2. On November 21, 2023, MassHealth received a prior authorization request on the appellant's behalf seeking approval for coverage of dental code D5750, relining of a complete maxillary denture. Exhibit 1.
3. That same day, MassHealth denied the request because it exceeds the appellant's benefit limitations. Exhibit 4 at 1.
4. The appellant submitted a timely request for fair hearing on December 14, 2023. Exhibit 2.

5. MassHealth last paid for a reline of the appellant's complete maxillary denture on June 14, 2023. Testimony.

Analysis and Conclusions of Law

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 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...

...

(G) Complete Denture Relines. The MassHealth agency pays for chairside and laboratory complete denture relines. Payment for dentures includes any relines or rebases necessary within six months of the insertion date of the denture. The MassHealth agency pays for subsequent relines *once every three calendar years per member*.

130 CMR 420.428 (emphasis added). Covered dental services are contained within Subchapter 6 of the *Dental Manual*. The appellant's prior authorization request includes dental code D5750, which is a reline of a complete maxillary denture. Exhibit 5 at 3. Subchapter 6 states that

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>.

dental code D5750 is a covered service every “once per 24 months,” or two years. See Subchapter 6 of the *Dental Manual* at 6-12.

An appellant bears the burden of proof at fair hearings “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.”

MassHealth reports, and the appellant does not deny, that the appellant’s most recent reline was covered on June 14, 2022. Despite the inconsistency between the benefit limitation contained within regulations and Subchapter 6 of the *Dental Manual*, the appellant is not yet entitled to coverage of a reline under the regulations. Though her frustration with the MassHealth grievance process is understandable, she provided no legal basis that this appeal entitles her to a remedy. As a hearing officer must render a decision in accordance with the law, I find that I lack the authority to approve the appellant’s appeal based on the evidence before me. See 130 CMR 610.082. The appellant has not met her burden of proof to show that MassHealth’s November 21, 2023, denial of her request for prior authorization was done so in error.

For the foregoing reasons, the appeal is hereby 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.

Mariah Burns
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA