

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in part; Denied in Part	<b>Appeal Number:</b>	2313553
<b>Decision Date:</b>	02/01/2024	<b>Hearing Date:</b>	01/19/2024
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**




**Appearance for MassHealth:**

Sheldon Sullaway, DDS, 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

<b>Appeal Decision:</b>	Approved in Part; Denied in Part	<b>Issue:</b>	Prior Authorization; Dental; Over 21; Dentures
<b>Decision Date:</b>	02/01/2024	<b>Hearing Date:</b>	01/19/2024
<b>MassHealth's Rep.:</b>	Sheldon Sullaway, DDS	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Quincy Harbor South	<b>Aid Pending:</b>	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 6, 2023, MassHealth denied the appellant's prior authorization request for a partial mandibular denture – metal base (D5214) and a partial mandibular denture – resin base (D5212). 130 CMR 420.428 and Exhibits 1 and 5. The appellant filed this appeal in a timely manner on December 22, 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 partial mandibular denture – metal base (D5214) because it is not a covered service, and a partial mandibular denture – resin base (D5212) because he 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 appellant is an adult MassHealth member over the age of 21 who appeared at hearing in person. MassHealth was represented by telephone by a Massachusetts licensed dentist and consultant for DentaQuest, the third-party contractor that administers and manages MassHealth's dental program. The following is a summary of the evidence and testimony provided at hearing.

On November 6, 2023, the appellant's dental provider submitted a prior authorization request on the appellant's behalf requesting coverage for three dental codes: D5214 (mandibular partial denture, cast metal framework), D5212 (mandibular partial denture, resin base), and D5110 (complete maxillary denture). That same day, code D5214 was denied because it is a service that is not covered by MassHealth, D5212 was denied because the request exceeded the appellant's benefit limitations, and D5110 was not reviewed because prior authorization is not required for that code.

The MassHealth representative testified that MassHealth previously approved the appellant for the requested treatment and paid his then-dental provider for the completed services on November 1, 2017. 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 because the appellant received coverage for a partial resin-based mandibular denture within 7 years, he is ineligible for a replacement denture at this time. He also confirmed that code D5214 is not a MassHealth covered service.

The appellant agreed that he last received a partial denture in November of 2017. He testified that his dentist informed him that he is not a candidate for a partial maxillary, or upper, denture, because he does not have any teeth on the right side of his maxillary arch. A partial denture would therefore have nothing to hold onto and would not be effective. As a result, he must have the remaining teeth on his maxillary arch removed in order to be fitted for a full maxillary denture. The appellant reported that his dentist informed him that his current mandibular partial denture will not be able to fit with the new upper denture. Additionally, he testified that his lower teeth have shifted so significantly that his current lower partial causes him significant pain and no longer fits him properly.

## 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 6, 2023, MassHealth received a prior authorization request on the appellant's

behalf seeking approval for coverage of three dental codes: D5214 (mandibular partial denture, cast metal framework), D5212 (mandibular partial denture, resin base), and D5110 (complete maxillary denture). Exhibit 1.

3. That same day, MassHealth denied code D5214 because it is an uncovered service, denied code D5212 because the request exceeded the appellant's benefit limitations, and did not review code D5110 because prior authorization is not required for that code. Exhibit 4 at 3.

4. The appellant submitted a timely request for fair hearing on December 22, 2023. Exhibit 2.

5. The appellant last received a partial mandibular resin base denture on November 1, 2017. Testimony.

6. The appellant requires a full maxillary denture which cannot line up with his current mandibular partial denture. Testimony.

7. The teeth on the appellant's mandibular arch have shifted so significantly that his current mandibular partial denture causes him significant pain and no longer fits. 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*.<sup>1</sup> 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:

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<sup>1</sup> 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>.

(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 (emphasis added).

Covered dental services are contained within Subchapter 6 of the *Dental Manual*. The appellant's prior authorization request includes two separate requests for partial mandibular dentures, code D5214, or cast metal framework dentures. Subchapter 6 of the *Dental Manual* makes clear that this code is not a covered service for MassHealth members over the age of 21. *See Dental Manual* Subchapter 6 at 6-12. The appeal is thereby DENIED with respect to that code. However, dental code D5212, which is an entirely resin-based partial denture, is a covered service every "once per 84 months," or seven years. *Id.*

The Appellant does not dispute that his partial mandibular dentures are less than seven years

old. However, the appellant provided sufficient testimony regarding a) his need for a complete maxillary denture which will not align properly with his current denture and b) the shifting of the teeth on his mandibular arch that has made his denture painful at best and impossible to fit at worst. This testimony confirms that there has been a “marked physiological change in the member’s oral cavity.” The MassHealth representative provided no testimony to counter this assertion, and I credit the testimony of the appellant and the submission of his dental provider. Thus, although his denture is less than seven years old, a condition contained within 130 CMR 420.428(F)(1)-(8) exists, and the appellant has therefore provided sufficient evidence to demonstrate that replacement of the partial mandibular denture is medically necessary. Accordingly, the appeal with respect to dental code D5212 is APPROVED.

## **Order for MassHealth**

Approve the appellant’s November 16, 2023, prior authorization request for dental procedure code D5112 – partial mandibular resin base denture.

## **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.

## **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.

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Mariah Burns  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA