

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2400516
Decision Date:	2/14/2024	Hearing Date:	02/09/2024
Hearing Officer:	Christine Therrien		

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

Appeal Decision:	Approved	Issue:	Dental
Decision Date:	2/14/2024	Hearing Date:	02/09/2024
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South Telephonic		

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 12/26/23, DentaQuest/MassHealth, denied the appellant's prior authorization (PA) request for a maxillary denture because MassHealth determined that this is not a covered service. (130 CMR 420.427(F) and Exhibit 1). The appellant filed this appeal in a timely manner on 1/10/24. (130 CMR 610.015(B) and Exhibit 2). Denial of a prior authorization is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

DentaQuest/MassHealth denied the appellant's PA request for a maxillary denture.

Issue

The appeal issue is whether DentaQuest/MassHealth was correct, pursuant to 130 CMR 420.427(F), in determining that the replacement maxillary denture is not a covered service.

Summary of Evidence

The DentaQuest/MassHealth representative testified that the appellant submitted a prior authorization (PA) request for a maxillary denture on 12/26/23 and DentaQuest denied the request on the same day. The DentaQuest/MassHealth representative testified that the PA was denied because the service exceeds the benefit limit, which is once per 84 months (7 years). The DentaQuest/MassHealth representative testified that the appellant was issued a set of dentures on 10/21/19. (Exhibit 2).

The appellant testified that he has had to have his top denture fixed multiple times. The appellant submitted a printout of his dental procedures which shows both the maxillary and mandibular dentures were relined on 1/11/21, the front tooth was replaced because it broke on 10/29/21 and again on 3/7/23, and the maxillary denture was repaired because it was broken on 8/30/23 and 10/2/23. (Exhibit 2). The appellant submitted photos of his maxillary denture that show it is broken in half. The appellant said his dentures were made poorly.

Findings of Fact

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

1. The appellant submitted a prior authorization (PA) request for a maxillary denture on 12/26/23 and DentaQuest denied the request on the same day.
2. The PA was denied because the service exceeds the benefit limit, which is once per 84 months (7 years).
3. The appellant was issued a set of dentures on 10/21/19.
4. The maxillary and mandibular dentures were relined on 1/11/21.
5. The front tooth was replaced because it broke on 10/29/21, and again on 3/7/23,
6. The maxillary denture was repaired because it was broken on 8/30/23 and 10/2/23.
7. The maxillary denture is now broken in half.

Analysis and Conclusions of Law

130 CMR 420.428(A) General Conditions states that MassHealth will pay for dentures once per seven calendar years per member, subject to the age limitations specified in 130 CMR 420.428(B).¹

130 CMR 420.428(F) Replacement of Dentures governs the replacement of dentures. MassHealth will pay 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. MassHealth 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.

(Emphasis added)

MassHealth provides coverage for dentures. 130 CMR 420.428(F) lists reasons why MassHealth would not pay for replacement dentures. 130 CMR 420.428(F)(5) states that MassHealth will not pay for a replacement denture if it is less than 84 months since the last time MassHealth paid for the denture, and no other condition applies. MassHealth last paid for dentures for the appellant on 10/21/19, which is within the past 84 months, but the appellant meets other conditions on the list in 130 CMR 420.428(F). The appellant had his denture relined more than two years ago (1/11/21), and repairing the denture has not made the existing denture usable since it has broken in half after two repairs in August and October of 2023. (130 CMR 420.428(F)(1) and (6)).

The appellant meets the conditions for the replacement of his maxillary denture. Therefore, the

¹ 420.428(B) refers to members under the age of 21.

appeal is approved.

Order for MassHealth

Approve the PA request for a maxillary denture submitted on appellant's behalf on 12/26/23.

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.

Christine Therrien
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA