

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2403189
Decision Date:	5/23/2024	Hearing Date:	04/05/2024
Hearing Officer:	Kenneth Brodzinski		

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:	DENIED	Issue:	Prior Authorization - Dental
Decision Date:	5/23/2024	Hearing Date:	04/05/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notice dated March 3, 2023, MassHealth denied Appellant's request for prior authorization to replace Appellant's partial upper denture on the grounds that Appellant's existing or previous denture is less than seven (7) years old (Exhibit A). Appellant filed for this appeal in a timely manner on March 1, 2024 (see 130 CMR 610.015(B) and Exhibit A).¹ Denial of prior authorization for assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's request for prior authorization to replace Appellant's partial upper denture.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied prior authorization to replace Appellant's partial upper denture.

¹ Appellant filed an earlier appeal that was dismissed for not being timely. Appellant then appealed to the Superior Court and the parties agreed to have the matter heard before this Board (Exhibit A).

Summary of Evidence

Both parties appeared by telephone.

MassHealth was represented by a dentist who testified that Appellant's dental provider submitted a prior authorization request to MassHealth seeking approval for dental service D5211 (partial upper denture). The MassHealth representative testified that the service was denied because Appellant was previously provided with this service on June 30, 2021 and MassHealth restricts replacement of dentures if they are less than seven years old.

Appellant appeared on her own behalf and did not dispute the MassHealth representative's testimony. Appellant testified that her upper partial denture broke, through no fault of her own, and it cannot be fixed. Appellant testified that she is missing 6 of her upper teeth and could not wait to obtain a replacement because she needs her teeth to chew her food. Consequently, she privately paid to have a new partial upper denture made, but she had to charge the \$1,600.00 cost. Appellant testified that she is living on Social Security alone and the \$1,600.00 cost is a financial burden.

Findings of Fact

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

1. Appellant is appealing the denial of prior authorization for a partial upper denture (code D5211).
2. MassHealth denied the request because MassHealth supplied Appellant with a partial upper denture which is less than seven years old.
3. MassHealth paid for a partial upper denture that was furnished for Appellant on June 30, 2021.
4. The partial upper denture that MassHealth paid for on June 30, 2021 broke.
5. Appellant privately paid \$1,600.00 to obtain a replacement partial upper denture.

Analysis and Conclusions of Law

This matter is controlled by MassHealth regulation 130 CMR 420.428 which states (emphasis supplied):

(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. 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 record does not evidence the applicability of conditions listed in sub sections 1-4, 6 or 7 above; therefore, subsection 5 does apply. MassHealth last furnished Appellant with a full upper denture in June 2021. Insofar as the denture is less than 7 years old, MassHealth properly applied the controlling regulation in denying the request. This Board has no authority to grant exceptions that are not specifically allowed by regulation.

For the foregoing reasons, the appeal is DENIED.

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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest