

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403454
Decision Date:	5/1/2024	Hearing Date:	04/12/2024
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:	Denied	Issue:	Dental
Decision Date:	5/1/2024	Hearing Date:	04/12/2024
MassHealth's Rep.:	Dr. Sheldon 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 3/5/24, MassHealth, denied the appellant's prior authorization for a partial upper 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 3/5/24. (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

MassHealth denied the appellant's request for prior authorization for a partial upper denture.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.427(F), in determining that the replacement of a partial upper denture is a covered service.

Summary of Evidence

The MassHealth representative testified that the appellant submitted a prior authorization request on 3/5/24 for a partial upper denture and MassHealth denied the prior authorization on 3/5/24. The MassHealth representative testified that the claim was denied because the service exceeds the benefit limit which is once per 84 months (7 years). The MassHealth representative testified that the appellant was issued a partial upper denture on 12/4/17.

The appellant testified that her son died in [REDACTED]. The appellant testified that one evening while grieving she fell asleep with the denture in her mouth and when she woke up, she could not find it. The appellant testified that she had put in two requests for replacements since she lost it. The appellant testified that she was approved for a replacement two years ago but when she went to the dentist the office wanted payment up front which she could not afford.

Findings of Fact

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

1. On 3/5/24, the appellant submitted a prior authorization request for a partial upper denture.
2. On 3/5/24, MassHealth denied the PA request.
3. MassHealth denied the prior authorization because the service exceeds the benefit limit which is once per 84 months (7 years).
4. The appellant was issued a partial upper denture on 12/4/17.
5. The appellant lost the denture while sleeping.

Analysis and Conclusions of Law

130 CMR 420.428(A), entitled 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).

130 CMR 420.428(F), entitled 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. The provider must inform the member of the MassHealth agency's policy on replacing dentures and

the member's responsibility for denture care. 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 every 7 years. MassHealth last paid for a partial maxillary (upper) denture for the appellant on 12/4/17, which is within the past 7 years. The appellant does not fall into any category listed under 130 CMR 420.428(F). Therefore, the appellant is not currently eligible for MassHealth coverage for a replacement upper partial denture. MassHealth members have the responsibility to care for and maintain their dentures. Based on the evidence in the record, MassHealth was within its regulatory authority in denying the appellant's prior authorization request for a replacement upper denture.

This appeal is 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.

Christine Therrien
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA