

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2404138
<b>Decision Date:</b>	7/3/2024	<b>Hearing Date:</b>	05/17/2024
<b>Hearing Officer:</b>	Emily Sabo		

**Appearances for Appellant:**



**Appearance for MassHealth:**

Dr. Sheldon Sullaway, 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	<b>Issue:</b>	Dental Services; Prior Authorization
<b>Decision Date:</b>	7/3/2024	<b>Hearing Date:</b>	05/17/2024
<b>MassHealth's Rep.:</b>	Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South (Telephone)	<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 February 20, 2024, MassHealth denied the Appellant's prior authorization request for a mandibular partial denture (D5212). 130 CMR 420.428(F)(5) and Exhibits 1 and 5. The Appellant filed this appeal in a timely manner on March 18, 2024. 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 mandibular partial denture (procedure D5212) for tooth 28 because the Appellant exceeded the benefit limitation.

### Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's request for a mandibular partial denture due to having exceeded the MassHealth benefit limitation.

### Summary of Evidence

The hearing was held telephonically. The MassHealth representative is a Massachusetts licensed dentist and consultant for DentaQuest, the third-party contractor that administers and manages MassHealth's dental program. Through testimony and documentary submissions, the MassHealth representative presented the following evidence: Appellant is a MassHealth Standard member over the age of ■■■ Exhibit 4. On February 20, 2024, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of partial mandibular denture for tooth 28 (procedure code D5212). Exhibit 5. On February 20, 2024, MassHealth denied prior authorization because of benefit limitations as the service is allowed once per 84 months. *Id.*

The MassHealth representative testified that 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 the request was denied because of that service limitation. The MassHealth representative testified that, based on their records, the Appellant received a partial mandibular denture on September 14, 2021.

After verifying her identity, the Appellant testified that she has several teeth missing and that she is choking on her food. The Appellant testified that her bottom partial denture was sent out four times to be refitted without success. The Appellant testified that since September 2021, she has had other mandibular teeth removed. The Appellant testified that she has an upper partial denture that fits well. The Appellant testified that she is concerned about malnutrition, particularly as she ages, as she cannot chew well. The Appellant explained that she had gastric bypass surgery in ■■■ and that she is supposed to consume 60-70 grams of protein daily. The Appellant also submitted several medical articles and explained that because she cannot chew adequately with the few teeth she has, too much food enters her small intestine, and she vomits. *See* Exhibit 6. One article indicated tooth loss is associated with swallowing problems. *Id.* The Appellant included a narrative from her dental provider, which states, "Patient has expressed difficulty chewing and swallowing due to having missing lower posterior teeth. Patient also has tooth #20 with root decay that is not restorable and requires removal of this tooth. After tooth removal of #20, it is recommended to have a lower partial made, so that the patient can chew more sufficiently." Exhibit 5 at 10.

The MassHealth representative stated that there were nutritionally-sound soft food diets that the Appellant could consume. The Appellant explained that she already drinks a protein shake with 20 grams of protein daily but is worried that she will not be able to consume enough protein without being able to chew food.

## Findings of Fact

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

1. The Appellant is a MassHealth Standard member over the age of [REDACTED] Testimony; Exhibit 4.
2. On February 20, 2024, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of a partial mandibular denture under procedure code D5212. Testimony; Exhibit 5.
3. On February 20, 2024, MassHealth denied Appellant's prior authorization request for a partial mandibular denture based on the determination that the Appellant had reached the benefit limitation for dentures, which are covered once per 84 months. Testimony; Exhibit 5.
4. The Appellant received a partial mandibular denture on September 14, 2021. Testimony.
5. Since September 2021, the Appellant has had other mandibular teeth removed. Testimony.
6. The Appellant's tooth #20 has root decay requiring removal. Exhibits 5 & 6.
7. Due to gastric bypass surgery, the Appellant is at risk for choking and regurgitating food that has not been properly chewed. Testimony; Exhibit 6.

## Analysis and Conclusions of Law

At issue in this appeal is whether MassHealth correctly denied the Appellant's prior authorization request for a partial mandibular denture.

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

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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>.

- (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 state, 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...***

...

(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 (emphases added).

MassHealth presented testimony that the Appellant has an existing partial mandibular denture that is less than seven years old. However, I credit the Appellant's presentation of evidence that she has a medical or surgical condition necessitating a new denture, specifically the removal of teeth on her lower arch, and that the existing partial denture cannot be repaired or relined to make the existing denture usable. 130 CMR 420.428(F)(4); Exhibit 6. Due to her medical history of gastric bypass surgery, the Appellant is at risk for choking and regurgitating food that has not been properly chewed. Exhibit 6. Based on that evidence, I find that a replacement is medically necessary and falls under the exceptions to the rule barring payment for replacement within seven years. Therefore, the Appellant provided sufficient evidence to demonstrate that replacement of the partial mandibular denture under procedure code D5212 is medically necessary.<sup>2</sup> Accordingly, the appeal is approved.

## **Order for MassHealth**

Approve the Appellant's prior authorization request for dental procedure code D5212 partial mandibular denture.

## **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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Emily Sabo  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA

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<sup>2</sup> I would advise the Appellant and her dental provider to determine whether other teeth will be pulled prior to fitting the denture, and make sure that the mandibular denture works with the existing maxillary denture.