

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2405507
Decision Date:	05/10/2024	Hearing Date:	05/10/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Sheldon Sullaway (DentaQuest) *via*
telephone



*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 (Partial Denture Replacement)
Decision Date:	05/10/2024	Hearing Date:	05/10/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South	Aid Pending:	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 March 26, 2024, MassHealth denied the appellant's request for partial dentures under CDT codes D5212 and D5211 because the service is limited to once every 84 months. (See 130 CMR 420.428 and Exhibit (Ex.) 1; Ex. 5, p. 3). The appellant filed this appeal in a timely manner on April 8, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for replacement upper and lower partial dentures.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.428, in determining that the request should be denied.

Summary of Evidence

MassHealth was represented by a consultant for DentaQuest, the agent responsible for overseeing

MassHealth's dental plan. The MassHealth representative is a dentist licensed to practice in Massachusetts for over 40 years as well as a professor at Tufts Dental School for 25 years. The appellant represented herself. Both parties attended the hearing by telephone.

The MassHealth representative testified that the appellant's dental provider submitted a request for prior authorization on March 26, 2024, and MassHealth promptly made a determination on the same date. (Testimony; Ex. 1; Ex. 5, pp. 5, 6-7). The request was for procedure number D5211 which is a maxillary or upper partial denture and for D5212 which is a mandibular or lower partial denture. (Id.). Both services were denied for benefit limitations. (Id.). According to MassHealth regulation 130 CMR 420.428(F)(5), this service is allowed once per 84 months or seven years. (Testimony). The records show that the appellant received upper and lower partial dentures on May 2, 2018, which was less than seven years ago. (Testimony).

The appellant testified that she understood that she was limited to receiving dentures only once every seven years. (Testimony). The appellant has very few remaining teeth in her upper and lower jaws. (Testimony). The appellant's existing partial dentures were broken. (Testimony). They had a feature that allowed for them to be tightened and loosened in order to provide a better fit. (Testimony). This feature stopped functioning and the existing dentures no longer fit in the appellant's mouth. (Testimony). The appellant asked her current dentist if they could fix the dentures and they stated that it was impossible for them to fix them. (Testimony).

Findings of Fact

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

1. The appellant received her existing upper and lower partial dentures on May 2, 2018. (Testimony).
2. The appellant's dental provider submitted a prior authorization request for replacement partial dentures on March 26, 2024. (Ex. 5, pp. 6-7; Testimony).
3. On the same date, MassHealth denied the request for both procedures because this service is limited to once per 84 months or seven years. (Testimony; Ex. 1; Ex. 5, pp. 5, 6-7).
4. The appellant's existing partial dentures had a feature that allowed for them to be tightened and loosened in order to provide a better fit. (Testimony).
5. This feature stopped functioning and the dentures will no longer fit in the appellant's mouth. (Testimony).
6. The appellant asked her current dentist if they could fix the dentures and they stated that it was impossible for them to fix them. (Testimony).

Analysis and Conclusions of Law

The regulation concerning the service descriptions and limitations for removable prosthodontics is located at 130 CMR 420.428 and contains the following paragraphs relevant to this appeal:

(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...

...

(E) Removable Partial Dentures. The MassHealth agency pays for removable partial dentures if there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition does not have active periodontitis and there is a favorable prognosis for treatment outcome. A tooth is considered missing if it is a natural tooth or a prosthetic tooth missing from a fixed prosthesis. Payment for a partial denture includes payment for all necessary procedures for fabrication including clasps and rest seats.

...

(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. (Emphases added).

The appellant received her existing partial dentures on May 2, 2018. On March 26, 2024, the appellant's dental provider submitted a request for replacement partial dentures. This request was submitted less than 84 months or seven years after the 2018 request. The appellant stated, however, that the previous dentures had broken. A feature of the dentures necessary to allow them to fit in her mouth broke. Before submitting the request for replacements, the appellant did ask her dental provider if they could be repaired and was told they could not. Because a repair of the appellant's existing dentures will not make them usable, MassHealth should pay for replacements.

For that reason, the appeal is APPROVED.

Order for MassHealth

Issue a new determination, approving the requested partial dentures.

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

DentaQuest 1, MA