

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2406875
Decision Date:	06/25/2024	Hearing Date:	05/31/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:  
Pro se

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>	06/25/2024	<b>Hearing Date:</b>	05/31/2024
<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 April 22, 2024, MassHealth denied the Appellant's prior authorization request for a complete maxillary denture for the upper arch (D5110) and a mandibular partial denture for the lower arch (D5212). 130 CMR 420.428(F)(5) and Exhibits 1 and 5. Appellant filed this appeal in a timely manner on April 30, 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 complete maxillary denture for the upper arch (procedure D5110) and mandibular partial denture for the lower arch (procedure D5212) because the Appellant exceeded the benefit limitation.

### Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's request for dentures 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 CarePlus member between the ages of 21-64. On April 22, 2024, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of a complete maxillary denture for the upper arch (procedure code D5110) and a mandibular partial denture for the lower arch (procedure code D5212). Exhibit 5 at 4. On April 22, 2024, MassHealth denied prior authorization approval for a complete maxillary denture for the upper arch under procedure code D5110 and mandibular partial denture for the lower arch under procedure code D5212 because of benefit limitations as the services are 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 an upper denture and lower partial denture on December 26, 2017.

After verifying her identity, the Appellant testified that her upper denture fell out due to poor dental adhesion and was run over by a car. The Appellant testified that she is only seeking to have the upper denture replaced. The Appellant testified that the loss of her upper denture has damaged her mental health, and she is ashamed to talk with people. As part of the prior authorization request, the Appellant's submission included a letter from the Appellant's physician, stating that she is "currently caring for" the Appellant and "Her current dentures were destroyed (circumstances out of her control). It is medically necessary for [the Appellant] to obtain a new set of dentures. She is at risk of poor nutrition and exacerbation of her mental health issues if this is not done promptly." *Id.* at 5.

## Findings of Fact

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

1. The Appellant is a MassHealth CarePlus member between the ages of 21-64. Testimony; Exhibit 4.
2. On April 22, 2024, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of a complete maxillary denture for the upper arch (procedure code D5110) and a mandibular partial denture for the lower arch (procedure code D5212). Testimony; Exhibit 5.

3. On April 22, 2024, MassHealth denied Appellant's prior authorization request based on the determination that the Appellant had reached the benefit limitation for dentures, which are covered once per 84 months. Testimony; Exhibit 5 at 3.
4. The Appellant received an upper denture and lower partial denture on December 26, 2017. Testimony.
5. At the hearing, the Appellant clarified that she is only appealing the denial of the upper denture. Testimony.
6. The Appellant's physician stated that the Appellant is at risk of poor nutrition and exacerbation of her mental health issues if her dentures are not replaced promptly. Exhibit 5.
7. I find that the destruction of the Appellant's upper denture by being run over by a car is an extraordinary circumstance. Testimony; Exhibit 2.

## Analysis and Conclusions of Law

At issue in this appeal is whether MassHealth correctly denied the Appellant's prior authorization request for a complete maxillary 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
- (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 states, in relevant

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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>.

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 was provided a complete maxillary denture for the upper arch less than seven years ago. I note that based on MassHealth's testimony, it will have been seven years on December 26, 2024.

I find that the Appellant and the Appellant's physician presented evidence that the loss and destruction of the Appellant's upper denture was due to an extraordinary circumstance. 130 CMR 420.428(F)(8). I credit the testimony of the Appellant and the evidence from the

Appellant's physician that the Appellant is at risk of poor nutrition and exacerbation of her mental health issues if her dentures are not replaced promptly. Exhibit 2; Exhibit 5. 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. 130 CMR 420.428(F)(8). Therefore, the Appellant provided sufficient evidence to demonstrate that replacement of the complete maxillary denture (upper arch) under procedure code D5110 is medically necessary. Accordingly, the appeal is approved.

## **Order for MassHealth**

Approve the Appellant's April 22, 2024, prior authorization request for dental procedure code D5110 – complete maxillary denture (upper arch).

## **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

cc:  
MassHealth Representative: DentaQuest 1, MA