

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2407367
<b>Decision Date:</b>	08/01/2024	<b>Hearing Date:</b>	06/14/2024
<b>Hearing Officer:</b>	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

<b>Appeal Decision:</b>	DENIED	<b>Issue:</b>	Prior Authorization - Replacement Dentures
<b>Decision Date:</b>	08/01/2024	<b>Hearing Date:</b>	06/14/2024
<b>MassHealth's Rep.:</b>	Dr. Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	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 April 28, 2024, MassHealth denied Appellant's request for prior authorization to replace Appellant's lower partial denture on the grounds that Appellant's existing or previous denture is less than seven (7) years old (Exhibit A). Appellant filed this appeal in a timely manner on May 8, 2024 (see 130 CMR 610.015(B) and Exhibit A). 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 lower 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 lower denture.

## 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 services D5212 (partial lower denture). The MassHealth representative testified that the request was denied because Appellant was previously provided with this item on January 6, 2021 and MassHealth restricts replacement of dentures if they are less than seven years old.

Appellant appeared on her own behalf and testified that she accidentally lost the denture while receiving a Spravato nasal treatment for depression. She explained that she disassociated while receiving the treatment, removed the partial and lost them. Appellant testified that she started the Spravato treatment in February 2024 and lost the partial in April 2024. Appellant testified that, without the partial, her smile and jaw are crooked.

## 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 lower denture.
2. MassHealth denied the request because it furnished Appellant with a partial lower within the past 7 years.
3. MassHealth furnished Appellant with a partial lower denture in January 2021.
4. Appellant lost her partial lower denture in April 2024.

## 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 January 2021. Insofar as the denture is less than 7 years old, MassHealth properly applied the controlling regulation in denying the request.

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.

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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA