

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2407749
Decision Date:	8/14/2024	Hearing Date:	06/28/2024
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:

Pro se, in-person

Appearance for MassHealth:

Dr. Sheldon Sullaway, by 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:	DENIED	Issue:	Prior Authorization - Dental
Decision Date:	8/14/2024	Hearing Date:	06/28/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MEC		

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 May 6, 2024, MassHealth denied Appellant's request for prior authorization to replace Appellant's denture on the grounds that the denture is less than seven (7) years old (Exhibit A). Appellant filed this appeal in a timely manner on May 14, 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 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 denture.

Summary of Evidence

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 D5211 (partial upper denture). The MassHealth representative testified that the request was denied because Appellant was previously provided with a partial upper denture on January 17, 2019 and MassHealth restricts replacement of dentures if they are less than seven years old. The MassHealth representative testified that MassHealth last furnished Appellant with a partial upper denture September 28, 2018. The MassHealth representative also noted that the request itself was lacking the required dental X-rays, written narrative and treatment plan.

Appellant appeared in person on his own behalf. Appellant testified that his mouth has been in pain for several months due to two failed root canals, one of which serves as an anchor for his existing partial denture which he can no longer wear. Appellant testified that the other failed root canal causes him constant pain whether he is wearing the partial or not.

Options were discussed including extracting all of Appellants remaining four upper teeth and seeking prior authorization for a full upper denture. However, the MassHealth representative opined that a full upper denture may still be denied on the grounds of the 7-year limitation, but he was not absolutely sure of that.

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 upper denture.
2. MassHealth denied the request because Appellants existing denture is less than seven years old.
3. MassHealth last furnished Appellant with a partial upper denture September 28, 2018.

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 partial upper denture in September 2018. 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.

Appellant may wish to try filing a prior authorization request for a full upper denture. While such a request is not within the purview of this appeal, MassHealth might approve a full upper denture insofar as it is not a "replacement" partial upper denture. On the other hand, Masshealth might deny such a request on the grounds that a full upper denture would be replacing a partial upper denture that is less than 7 years old.

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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA