

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2408428
Decision Date:	8/12/2024	Hearing Date:	07/12/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

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

Appeal Decision:	Denied	Issue:	Dental/Prosthodontic s/Service Limitation
Decision Date:	8/12/2024	Hearing Date:	07/12/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South	Aid Pending:	N/A

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 3, 2024, MassHealth denied the appellant's request for a lower partial denture under CDT code D5212 because the benefit for replacement dentures is limited to once every 84 months. (See 130 CMR 420.428 and Exhibit (Ex.) 1; Ex. 5, p. 4). The appellant filed this appeal in a timely manner on May 28, 2024. (See 130 CMR 610.015(B) and Ex. 1, p. 1). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for a lower partial denture.

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 licensed dental consultant with DentaQuest, the MassHealth agent responsible for administering the MassHealth dental plan and for making the prior

authorization determinations for dental services and the appellant appeared on his own behalf. Both parties attended the hearing by telephone.

The MassHealth representative testified to the following. On April 3, 2024, the appellant's dental provider submitted a request for prior authorization for procedure number D5212, which is a mandibular or lower partial denture. (Testimony; Ex. 5, p. 5). MassHealth denied the request, also on April 3, 2024, because of benefit limitations. (Testimony; Ex. 1; Ex. 5, p. 4). According to 130 CMR 420.428, denture services are allowed once per 84 months or seven years. (Testimony). MassHealth records showed that the appellant received and MassHealth paid for partial lower dentures under procedure number D5212 on May 16, 2022, which was less than 84 months ago. (Testimony).

The appellant described a series of problems with his dental care that led to his requesting MassHealth pay for a new partial lower denture. (Testimony). In early [REDACTED] the appellant needed root canals and two extractions. (Testimony). The endodontist ended up extracting three teeth instead of two and was unable to complete the root canals, leaving the appellant with no bottom front teeth. (Testimony). The appellant stated that the partial denture that was made in [REDACTED] was made with a wire frame. (Testimony). Prior to the extractions it was uncomfortable, overly pliant, and poorly fitting. (Testimony). After the extractions, it became even more so because of the extra missing tooth. (Testimony). Since there was now unanticipated space where he was missing a tooth, the appellant's tongue would catch on the wire frame of the denture. (Testimony). The dentist did offer to fix the appellant's denture, but the appellant had the dentist adapt an older denture that had a sturdier frame. (Testimony). The dentist then glued four wooden teeth to this older denture, resulting in the dentures looking awkward. (Testimony). The appellant also discovered at this point that since the extraction, his gums had receded, and the old dentures did not fit well. (Testimony). The appellant mentioned that the dentist informed him that they would not do any further adjustments unless the appellant paid \$750, which the appellant could not afford. (Testimony). In [REDACTED] the appellant then had two further teeth extracted. (Testimony).

The MassHealth representative expressed sympathy concerning the appellant's situation. (Testimony). He recommended that he contact the MassHealth Dental Customer Service line and request a complaint form. (Testimony). The MassHealth representative also gave the appellant an address where he could request that a complaint form be sent to him. (Testimony).

Findings of Fact

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

1. On April 3, 2024, the appellant's dental provider submitted a request for prior authorization for procedure number D5212, which is a mandibular or lower partial denture. (Testimony; Ex. 5, p. 5).
2. MassHealth denied the request, also on April 3, 2024, because of benefit limitations.

(Testimony; Ex. 1; Ex. 5, p. 4).

3. According to 130 CMR 420.428, denture services are allowed once per 84 months or seven years. (Testimony).
4. MassHealth records showed that the appellant received his lower denture on [REDACTED] which was less than 84 months ago. (Testimony).
5. In [REDACTED] the appellant was supposed to have two teeth extracted and undergo a root canal. (Testimony).
6. On the day of the procedure, the endodontist extracted three teeth instead of two teeth but was not able to perform the root canals. (Testimony).
7. After the removal of the three teeth, the appellant's denture no longer fit because of the loss of teeth and gum recession. (Testimony).
8. The appellant did have an older set of dentures adjusted but did not have the dentures made in [REDACTED] adjusted. (Testimony).

Analysis and Conclusions of Law

The regulation concerning the service descriptions and limitations for removable prosthodontics (i.e. dentures) 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...

...

(D) Complete Dentures. Payment by the MassHealth agency for complete dentures includes payment for all necessary adjustments, including relines, as described in 130 CMR 420.428(E)....

(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 record shows that MassHealth last paid for partial removable lower dentures under CDT code D5212 on May 16, 2022. The record further shows that MassHealth received a PA request to pay for a partial set of lower dentures under CDT code D5212 on April 3, 2024. Because MassHealth received the second request less than 84 months after the date MassHealth last paid for the same type of denture, it denied the PA request. The appellant credibly testified that one or more of the conditions that would allow MassHealth to replace the dentures less than 84 months after it paid for the same type of dentures may have applied. The record, however, does not contain sufficient clinical documentation to substantiate that testimony.

For the above reasons, the appeal is DENIED.

Order for MassHealth

None.

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.

Scott Bernard
Hearing Officer
Board of Hearings

DentaQuest 1, MA