

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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| Appeal Decision: | Approved | Appeal Number: | 2408786 |
| Decision Date: | 08/23/2024 | Hearing Date: | 07/19/2024 |
| Hearing Officer: | Scott Bernard | | |

Appearance for Appellant:
Pro se via telephone

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

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|---------------------------|----------------------|--------------------------|--|
| Appeal Decision: | Approved | Issue: | Dental/Prosthodontic s/Service Limitation |
| Decision Date: | 08/23/2024 | Hearing Date: | 07/19/2024 |
| MassHealth's Rep.: | Dr. Sheldon Sullaway | Appellant's Rep.: | ██████ |
| 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 April 22, 2024, MassHealth denied the appellant's request for a partial upper denture under CDT code D5211 because the service 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 June 4, 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 a partial upper 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 22, 2024, the appellant's dental provider submitted a prior authorization request for procedure number D5211, which is a maxillary or partial upper denture. (Testimony; Ex. 5, pp. 5-6). According to MassHealth regulations at 130 CMR 420.428(F)(5), MassHealth will pay for this service once every 84 months or seven years. (Testimony). MassHealth records showed that the appellant received a partial upper denture on January 4, 2019, which was less than seven years ago. (Testimony). For that reason, MassHealth notified the appellant that it had denied the request on April 22, 2024. (Testimony; Ex. 1; Ex. 5, p. 4). The MassHealth representative stated that he had also reviewed notes in the appellant's case file stating that the appellant lost his dentures while he was incarcerated. (Testimony). The MassHealth representative stated that according to 130 CMR 420.428(A), the MassHealth member is responsible for the care of the denture after the insertion. (Testimony). The MassHealth representative stated that based on these factors, he would not overturn the denial. (Testimony).

The appellant testified to the following. The appellant [REDACTED]

[REDACTED] (Testimony). The appellant's dentures were destroyed

[REDACTED] (Testimony). The appellant [REDACTED]

[REDACTED]. (Testimony).

[REDACTED] (Testimony).

[REDACTED] The appellant would like MassHealth to pay to replace his dentures. (Testimony). The appellant felt self-conscious about his missing front teeth. (Testimony).

Findings of Fact

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

1. On April 22, 2024, the appellant's dental provider submitted a prior authorization request for procedure number D5211, which is a maxillary or partial upper denture. (Testimony; Ex.

5, pp. 5-6).

2. According to MassHealth regulations at 130 CMR 420.428(F)(5), MassHealth will pay for this service once every 84 months or seven years. (Testimony).
3. MassHealth records showed that the appellant received a partial upper denture on January 4, 2019, which was less than seven years ago. (Testimony).
4. For that reason, MassHealth notified the appellant that it had denied the request on April 22, 2024. (Testimony; Ex. 1; Ex. 5, p. 4).
5. [REDACTED].
6. [REDACTED] (Testimony).
7. [REDACTED] (Testimony).
8. [REDACTED]
9. [REDACTED]
10. [REDACTED]
11. [REDACTED] (Testimony).
12. [REDACTED] (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 the appellant last received a partial upper denture on January 4, 2019. The record further shows that the appellant, through his dental provider, submitted a PA request for a partial upper denture on April 22, 2024. Since MassHealth paid for a partial upper denture less than seven years before, it denied the request submitted on April 22. As the MassHealth representative correctly pointed out, the regulations state that when a recipient receives dentures, they are expected to take care of them. Loss of the dentures, without more, is not a justifiable reason for MassHealth to replace dentures that are less than seven years old.

As the MassHealth representative also correctly pointed out, there are exceptions that do permit MassHealth to pay for replacement of dentures that are less than seven years old. Amongst these reasons is that replacement can be deemed necessary when it is due to extraordinary circumstances, such as a fire. In this case, the record shows that the loss of the existing dentures was due to extraordinary circumstances.

 The circumstances described are extraordinary and the appellant should be permitted to obtain a replacement for the lost partial upper denture.

For the above stated reasons, the appeal is APPROVED.

Order for MassHealth

Issue a new determination, approving the requested partial upper denture.

Implementation of this Decision

If this decision is not implemented within 30 days after the date 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

DentaQuest 1, MA