

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2409364
Decision Date:	08/06/2024	Hearing Date:	07/19/2024
Hearing Officer:	Scott Bernard		

Appearances for Appellant:




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

Appeal Decision:	Approved	Issue:	Dental/ Prosthodontics/ Service Limitation
Decision Date:	08/06/2024	Hearing Date:	07/19/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Reps.:	
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 June 11, 2024, MassHealth denied the appellant's request for upper and lower dentures under CDT codes D5110 and D5120 because the benefit is limited to once every 84 months. (See 130 CMR 420.428 and Exhibit (Ex.) 1; Ex. 6, p. 4). The appellant filed this appeal in a timely manner on June 12, 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 complete set of upper and lower dentures.

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 telephonically by a consultant with DentaQuest, the MassHealth agent responsible for administering the MassHealth dental plan and for making the prior authorization determinations for dental services. The appellant and her husband both attended the hearing in-person.

The MassHealth representative stated the following. The appellant's dental provider submitted a request for prior authorization on June 11, 2024 and DentaQuest made a decision on the request on the same date. (Testimony; Ex. 1; Ex. 6). The request was for procedure number D5110, a complete upper denture and procedure number D5120, a complete lower denture. (Testimony; Ex. 1; Ex. 6). MassHealth denied the request because of benefit limitations. (Testimony; Ex. 1; Ex. 6). MassHealth regulations permit this service once per 84 months or seven years. (Testimony; Ex. 1; Ex. 6). According to MassHealth's records, the appellant received upper and lower dentures on October 11, 2017, which is less than 84 months ago. (Testimony). The MassHealth representative stated that the regulation does contain exceptions, but he did not list those exceptions. (Testimony).

Prior to the hearing, the appellant submitted to the Board of Hearings a letter from her dental provider, which was then forwarded to the MassHealth representative. (Ex. 5). In the letter the appellant's dental provider stated that the appellant had a stroke which caused her to lose a lot of weight and her jaw no longer aligned with the denture and therefore the appellant needed a reline and new dentures as soon as possible. (Ex. 5). The MassHealth representative stated that he received this letter and that, while he was sympathetic to the appellant's health condition, there was no medical necessity exception that could be made here. (Testimony). The MassHealth representative cited 130 CMR 420.421(A), stating that medical necessity did not apply because the appellant was over the age of 21. (Testimony).

The MassHealth representative stated that if the request were re-submitted in another three months, it would likely be approved without the need to appeal. (Testimony). However, because the 84 months had not expired, he would need to uphold the denial. (Testimony). The MassHealth representative suggested that the appellant speak with her dentist about performing a temporary reline of her dentures, which could possibly make the dentures fit better for the next three months. (Testimony). The MassHealth representative did state that MassHealth did not pay for temporary relines but that the procedure was not very expensive. (Testimony). The MassHealth representative did take pains to state that the temporary reline he was suggesting was different than a permanent reline, which could result in a further period of ineligibility. (Testimony).

The appellant and her spouse testified to the following. The appellant experienced a stroke on October 11, 2023. (Testimony). Following the stroke, her dentures became ill-fitting due to the change in her jaw alignment. (Testimony). The appellant became reluctant to use them and subsequently lost 50 lbs. due to reduced food intake, which further exacerbated the fit of the

dentures. (Testimony). The dentures caused her to develop canker sores and were generally uncomfortable. (Testimony). The appellant confirmed that her husband did pay for the dentures to be relined. (Testimony). Despite this attempt, the adjustment did not resolve the issues. (Testimony). The appellant noted that the weight loss might have affected the fit of the dentures more significantly than the stroke itself. (Testimony).

Findings of Fact

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

1. Under MassHealth regulations, a MassHealth member is limited to receiving one set of dentures paid for by MassHealth every seven years. (Testimony; Ex. 6, p. 3).
2. On June 11, 2024, the appellant's dental provider submitted a prior authorization request on the appellant's behalf for a complete set of upper and lower dentures. (Testimony; Ex. 6, p. 4).
3. The appellant last received a complete set of upper and lower dentures paid for by MassHealth on October 11, 2017. (Testimony).
4. On June 11, 2024, the MassHealth agent responsible for dental prior authorization determinations, issued a notice denying the appellant's request for new dentures because the request was submitted less than 84 months (seven years) after MassHealth last paid for the appellant's dentures. (Ex. 1; Ex. 6, p. 3; Testimony).
5. The appellant experienced a stroke on October 11, 2023. (Testimony).
6. Following the stroke, her dentures became ill-fitting, and she was reluctant to use them. (Testimony).
7. She subsequently lost 50 lbs. due to reduced food intake, which further exacerbated the fit of the dentures. (Testimony).
8. The dentures caused her to develop canker sores and were generally uncomfortable. (Testimony).
9. The appellant did pay to have the dentures temporarily relined but this did not resolve the issue. (Testimony).
10. A temporary reline is different from a permanent reline, which could affect the appellant's eligibility for dentures. (Testimony).
11. The appellant's dentist wrote a letter stating that the appellant had a stroke which caused her to lose a lot of weight and her jaw no longer aligned with the denture and therefore

the appellant needed a reline and new dentures as soon as possible. (Ex. 5).

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.

The record shows that the appellant last received a complete set of dentures paid for by MassHealth on October 11, 2017. The record further shows that the appellant, through her dental provider, submitted a PA request for a complete set of dentures on June 11, 2024. Since MassHealth paid for a complete set of the appellant's dentures less than seven years before, it denied the request submitted on June 11. There are exceptions that do permit MassHealth to pay for the replacement of dentures that are less than seven years old, which are listed above. The record shows that the appellant experienced a stroke in October 2023. According to a letter from the appellant's dentist, as well as the appellant and her spouse's testimony, this, combined with her subsequent weight loss, changed the shape of her mouth enough that the dentures she had no longer fit. The appellant and her spouse did pay to have the denture adjusted to fit better, but this did not work. The record demonstrates that an attempted relines of the denture failed to make it usable to the appellant. As a matter of fact, based on the marked physiological change of the appellant's oral cavity caused by her stroke and related weight loss, it would appear that any further relines would have a poor prognosis for success in any case. For these reasons, an exception exists here and MassHealth should pay for the new set of dentures the appellant requested despite the request being submitted less than 84 months after it paid for the appellant's last set of dentures.

For that reason, the appeal is APPROVED.

Order for MassHealth

Approve the appellant's request for prior authorization for replacement dentures.

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