

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2409935
Decision Date:	8/22/2024	Hearing Date:	08/09/2024
Hearing Officer:	Emily Sabo		

Appearances for Appellant:



Appearance for MassHealth:

Dr. Sheldon Sullaway, DentaQuest

Interpreter:



*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 Services; Prior Authorization
Decision Date:	8/22/2024	Hearing Date:	08/09/2024
MassHealth's Rep.:	Sheldon Sullaway	Appellant's Reps.:	[REDACTED]
Hearing Location:	Quincy Harbor South (Virtual/telephone)	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 20, 2024, MassHealth denied the Appellant's prior authorization request for a complete mandibular denture for the lower arch (D5120) and partial maxillary denture for the upper arch (D5211). 130 CMR 420.428(F)(5) and Exhibits 1 and 5. Appellant filed this appeal in a timely manner on June 25, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's request for a complete mandibular denture for the lower arch (procedure D5120) and partial maxillary denture for the upper arch (procedure D5211) because the Appellant exceeded the benefit limitation.

Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's request for dentures due to having exceeded the MassHealth benefit limitation.

Summary of Evidence

The hearing was held virtually, although the MassHealth representative appeared by telephone. The MassHealth representative is a Massachusetts-licensed dentist and consultant for DentaQuest, a third-party contractor that administers and manages MassHealth's dental program. Through testimony and documentary submissions, the MassHealth representative presented the following evidence: the Appellant is a MassHealth Standard member between the ages of [REDACTED]. On June 20, 2024, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of a complete mandibular denture for the lower arch (procedure code D5120) and partial maxillary denture for the upper arch (procedure D5211). Exhibit 5 at 4. On June 20, 2024, MassHealth denied prior authorization approval for dentures because of benefit limitations, as the service is allowed once per 84 months. *Id.*

The MassHealth representative testified that under 130 CMR 420.428(F)(5), MassHealth will only replace a member's dentures once every 84 months, or 7 years. The MassHealth representative explained that the request was denied because of that service limitation. The MassHealth representative testified that, based on their records, the Appellant received dentures on May 7, 2019. The MassHealth representative testified that under 130 CMR 420.428(A), the patient-member is responsible for their dentures.

The Appellant testified through an interpreter and verified his identity. The Appellant's representative testified that in [REDACTED] the Appellant was hospitalized at [REDACTED]. While the Appellant was heavily medicated and not aware of his surroundings, the hospital staff took his dentures when they were on his food tray. The Appellant's representative testified that the Appellant has lost weight due to his inability to eat and his gums are hurting. The Appellant's representative testified that the Appellant had previously been using his dentures for four years without any problems.

The MassHealth representative testified that [REDACTED] is responsible and should pay for the replacement of the dentures. He explained that he would continue to uphold the denial.

The Appellant's representative testified that at the time of the incident, the Appellant filed a claim and complaint with [REDACTED]. She testified that the hospital did not respond until March 2024, and she dealt with the Director of the Patient Relations Department and [REDACTED] the Director of Corporate Compliance and Waste Management.¹ The Appellant's representative testified that after following up with them multiple times, [REDACTED] told her that Holyoke Medical Center was not responsible for replacing the dentures because the Appellant's dentures were not found.

¹ Initials are used to protect confidentiality.

Findings of Fact

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

1. The Appellant is a MassHealth Standard member between the ages of [REDACTED] Testimony; Exhibit 4.
2. On June 20, 2024, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of a complete mandibular denture for the lower arch (procedure code D5120) and a partial maxillary denture for the upper arch (procedure code D5211). Testimony; Exhibit 5.
3. On June 20, 2024, MassHealth denied Appellant's prior authorization request based on the determination that the Appellant had reached the benefit limitation for dentures, which are covered once per 84 months. Testimony; Exhibit 5 at 3.
4. The Appellant received upper and lower dentures on May 7, 2019. Testimony.
5. In [REDACTED] the Appellant was hospitalized at [REDACTED] While the Appellant was heavily medicated and not aware of his surroundings, the hospital staff took his dentures when they were on his food tray. The Appellant has lost weight due to his inability to eat and his gums are hurting. Testimony; Exhibit 2.
6. The Appellant filed a claim and complaint with [REDACTED] The Appellant's representative needed to follow up with the hospital multiple times to get a response. In March 2024, the Director of Corporate Compliance and Waste Management, [REDACTED] told the Appellant and the Appellant's representative that [REDACTED] was not responsible for replacing the dentures. Testimony.

Analysis and Conclusions of Law

At issue in this appeal is whether MassHealth correctly denied the Appellant's prior authorization request for a complete mandibular and partial maxillary denture.

MassHealth pays for dental services that are medically necessary. 130 CMR 420.421(A). Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000 et seq, and the MassHealth Dental Manual.² A

² The Dental Manual is available on MassHealth's website, in the MassHealth Provider Library. Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>.

service is medically necessary if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency.

130 CMR 450.204(A).

MassHealth dental regulations governing coverage of removable prosthodontics states, in relevant part, the following:

(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...***

...

(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.

130 CMR 420.428 (emphases added).

MassHealth presented testimony that the Appellant was provided a complete mandibular denture for the lower arch and partial maxillary denture for the upper arch less than seven years ago. I note that based on MassHealth's testimony, it will have been seven years on May 6, 2026.

I credit the testimony of the Appellant and the Appellant's representative that the Appellant was not responsible for the loss of his dentures. I also credit their testimony that the Appellant sought relief from [REDACTED] over the course of several months. I find that the Appellant is in pain and has lost weight due to the missing dentures, and that this problem will worsen if the dentures are not replaced promptly. Based on that evidence, I find that a replacement is medically necessary and falls under the exceptions to the rule barring payment for replacement within seven years. 130 CMR 420.428(F)(8). Therefore, the Appellant provided sufficient evidence to demonstrate that replacement of the complete mandibular denture for the lower arch (D5120) and partial maxillary denture for the upper arch (D5211) is medically necessary. Accordingly, the appeal is approved.

Order for MassHealth

Approve the Appellant's June 20, 2024 prior authorization request for coverage of a complete mandibular denture for the lower arch (procedure code D5120) and a partial maxillary denture for the upper arch (procedure code D5211).

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation 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.

Emily Sabo
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA