

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412212
Decision Date:	9/16/2024	Hearing Date:	09/06/2024
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway, DentaQuest



*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 Services
Decision Date:	9/16/2024	Hearing Date:	09/06/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 1	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 July 28, 2024, MassHealth denied the Appellant's prior authorization request for dental service code D5211 (maxillary partial denture) (Exhibits 1 and 6). The Appellant filed this appeal in a timely manner on August 6, 2024 (*See* 130 CMR 610.015(B) and Exhibit 2). Denial of a prior authorization request is valid grounds for appeal (*See* 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's prior authorization request for partial maxillary dentures.

Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's prior authorization request.

Summary of Evidence

Dr. Sheldon Sullaway, the MassHealth representative from DentaQuest, the third-party contractor that administers and manages the dental program available to MassHealth members, appeared at hearing via telephone and testified as follows: on July 28, 2024, MassHealth received a prior authorization request for D5211 (maxillary partial denture). On July 28, 2024, MassHealth denied the request because of benefit limitations. The requested service is allowed once every seven years (or 84 months), and MassHealth records indicate that MassHealth paid for and the Appellant received the requested service less than seven years ago, on December 3, 2018.

The Appellant appeared at hearing in person and testified as follows: she understands that it has not been seven years since she received her denture paid for by MassHealth. She testified that her previous denture “never fit.” She testified that her condition is very depressing, and her confidence is gone. She feels that she is practically “agoraphobic” because she never leaves her house and is home “24x7.”

Dr. Sullaway stated that the Appellant’s dentist never submitted a narrative to DentaQuest regarding the previous dentures and why they cannot be made to fit the Appellant and therefore he has no choice but to stand on MassHealth’s original determination.

Findings of Fact

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

1. On July 28, 2024, MassHealth received a prior authorization request for dental service codes D5211 (maxillary partial denture) (Testimony and Exhibits 1 and 6).
2. On July 28, 2024, MassHealth denied the request because the service is allowed once every seven years (or 84 months) (Testimony and Exhibits 1 and 6).
3. The Appellant received and MassHealth paid for a maxillary partial denture less than seven years ago, on December 3, 2018 (Testimony and Exhibit 6).
4. On August 6, 2024, the Appellant timely appealed the denial (Exhibit 2).
5. The Appellant’s existing denture does not fit the Appellant.
 - a. The Appellant’s dentist did not submit a written narrative of why the existing denture cannot be made to fit the Appellant.

Analysis and Conclusions of Law

Regulation 130 CMR 420.428 governs removable prosthodontic services and states the following:

- (A) General Conditions. The MassHealth agency pays for dentures services once per seven (7) calendar years per member, subject to the age limitations specified in 130 CMR 420.428(B). 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. The MassHealth agency does not pay for complete dentures when the member's medical record indicates material limitations to the member's ability to cooperate during the fabrication of the denture or to accept or function with the denture, or indications that the member does not intend to utilize the denture. (Emphasis added).

Under 130 CMR 420.428(F), MassHealth 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.** MassHealth 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.

MassHealth records show that MassHealth paid for and the Appellant received new maxillary partial dentures on December 3, 2018, less than 84 months ago. While the Appellant's testimony was credible and it is difficult for her to be without her dentures, pursuant to the regulations, the Appellant is responsible for denture care and maintenance and must take all possible steps once she received her dentures to ensure that they fit or were made to fit at the time of the initial fitting. In addition, the Appellant's provider did not submit a medical necessity

narrative explaining why the maxillary denture cannot be made to fit the Appellant.

Under these circumstances, the Appellant has not met the replacement criteria listed in 130 CMR 420.428(F), and 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA