

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2412555
Decision Date:	2/3/2025	Hearing Date:	11/08/2024
Hearing Officer:	Emily Sabo	Record Open to:	12/11/2024

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:	Approved	Issue:	Dental Services; Prior Authorization
Decision Date:	2/3/2025	Hearing Date:	11/08/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (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 July 16, 2024, MassHealth denied the Appellant's prior authorization request for a partial mandibular denture for tooth 30 (D5212). 130 CMR 420.428(F)(5) and Exhibits 1 and 5. The Appellant filed this appeal in a timely manner on August 12, 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 partial mandibular denture for tooth 30 (procedure D5212) because the Appellant exceeded the benefit limitation.

Issue

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

Summary of Evidence

The hearing was held by telephone. The Appellant verified her identity. The MassHealth representative is a Massachusetts-licensed dentist and consultant for DentaQuest, the third-party contractor that administers and manages MassHealth's dental program. Through testimony and documentary submissions, the MassHealth representative presented the following evidence: Appellant is a MassHealth CarePlus member between the ages of [REDACTED]. On July 16, 2024, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of a partial mandibular denture for tooth 30 (procedure code D5212). Exhibit 5 at 4-5. On July 16, 2024, MassHealth denied prior authorization approval for a partial mandibular denture for tooth 30 under procedure code D5212 because of benefit limitations as the services are 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 a partial mandibular denture on April 5, 2022.

The Appellant agreed that she received a partial mandibular denture in April 2022. The Appellant testified that she is aware of the 7-year benefit limitation and that she also has an upper denture. The Appellant testified that she explained to the dental provider that the partial mandibular denture was very tight and painful. The Appellant testified that she understands the member's responsibility to care for the denture, and that she has done so for both of her dentures. The Appellant shared that she thinks it was defective because it broke right where the hook is. The Appellant testified that she was extremely careful and took excellent care of the denture. The Appellant testified that this has negatively impacted her health and that she is afraid that she is not eating enough, as her weight has dropped to 88 pounds. In response to the MassHealth representative's testimony about a soft food diet, the Appellant stated that she does take Boost to help maintain/increase her weight, but it is expensive.

The record was held open until November 27, 2024 for the Appellant to file a complaint with MassHealth about the earlier denture and until December 11, 2024 for MassHealth to review and respond. During the record open period the Appellant contacted the Board of Hearings to say that her complaint form was returned. Exhibit 8. The MassHealth representative responded that the Appellant should resubmit the complaint to MassHealth Dental Program, [REDACTED]
[REDACTED]

Findings of Fact

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

1. The Appellant is a MassHealth CarePlus member between the ages of [REDACTED] Testimony; Exhibit 4.
2. On July 16, 2024, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of a partial mandibular denture for tooth 30 (procedure code D5212). Testimony; Exhibit 5.
3. On July 16, 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 a partial mandibular denture on April 5, 2022. Testimony.
5. The Appellant testified that she understood her responsibility to care for her dentures and that she took excellent care of them. She testified that she believe that the partial mandibular denture she received was defective. Testimony.
6. Due to being unable to fully eat, the Appellant's weight has dropped to 88 pounds. Testimony.

Analysis and Conclusions of Law

At issue in this appeal is whether MassHealth correctly denied the Appellant's prior authorization request for a partial mandibular 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.¹ A 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.

¹ 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>.

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 partial mandibular denture less than seven years ago. However, I credit the Appellant's testimony regarding her care and maintenance of the denture after insertion. I also credit the Appellant's testimony that based

on her challenges with eating, her weight has dropped to 88 pounds. 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 partial mandibular denture under procedure code D5212 is medically necessary.

Accordingly, the appeal is approved.

Order for MassHealth

Approve the Appellant's July 16, 2024 prior authorization request for dental procedure code D5212.

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

MassHealth Representative: DentaQuest 1, MA