

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2413854
<b>Decision Date:</b>	12/3/2024	<b>Hearing Date:</b>	10/11/2024
<b>Hearing Officer:</b>	Cynthia Kopka		

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Dental Services, general dental
<b>Decision Date:</b>	12/3/2024	<b>Hearing Date:</b>	10/11/2024
<b>MassHealth's Rep.:</b>	Dr. Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy (remote)	<b>Aid Pending:</b>	No

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

By notice dated July 29, 2024 MassHealth denied Appellant's prior authorization request for service code D5211, partial upper denture. Exhibit 1. Appellant filed this appeal on September 9, 2024. Exhibit 2. 130 CMR 610.015(B). Denial of a request for assistance is a valid basis for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for dental services.

### Issue

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

### Summary of Evidence

MassHealth was represented by a licensed dentist who appeared by phone and submitted records in support, Exhibit 4. Appellant appeared by phone and submitted documents in support, Exhibit 2.

A summary of testimony and documents follows.

Appellant is over the age of 21. Exhibit 4 at 5. On July 29, 2024, MassHealth received a request from Appellant's provider for service code D5211, partial upper denture. MassHealth denied this request on July 29, 2024. Exhibit 1. According to MassHealth's records, Appellant received an upper denture from provider Cortland Dental on April 14, 2020. Members are limited to one partial denture per arch every 7 years. 130 CMR 420.428(F)(5). MassHealth noted that Appellant's request for a new partial denture did not include a narrative from the dentist identifying which teeth would be replaced by the denture and which teeth would about the denture, which is required for approval.

Appellant testified that before the Covid-19 pandemic, her dentist at [REDACTED] made impressions to fit Appellant's upper and lower dentures. However, the office closed for several months after that. When Appellant finally received her upper partial denture months later, it did not fit. A different dentist at [REDACTED] cut the denture to fit, and it only covered Appellant's right side. The bottom denture did not fit at all. Appellant never received the bottom denture. [REDACTED] told Appellant that if MassHealth paid for the top, [REDACTED] would replace the bottom at no cost. Appellant testified that [REDACTED] went back on her agreement to cover the bottom denture. Appellant is missing all of her teeth on the left side and can chew only on two teeth on her right side. Appellant is concerned that she will get cavities on the only two teeth she can use to chew, and will eventually need to have all of her teeth pulled. Appellant is embarrassed about her mouth.

The MassHealth representative testified that he did not have the authority to overturn the denial, as MassHealth had paid for a denture four years prior. The MassHealth representative encouraged Appellant to file a grievance against her provider. Appellant testified that she filed a complaint over the phone on February 17, 2024 (reference number 202300011243), but had not heard anything back. Appellant was supposed to have received a response within 30 days. Appellant submitted a printout of the procedures she has undergone at [REDACTED] Exhibit 2. The printout indicated that Appellant received a lower partial denture on September 7, 2022. *Id.* Appellant testified that she does not have the bottom denture as she brought it back to the office because it did not fit.

MassHealth's Dental Program Office Reference Manual (ORM) contains information for providers in submitting claims to MassHealth. 130 CMR 420.410(C). The ORM lists multiple service codes regarding repairing or relining partial dentures (such as D5612, D5622, or D5730). None of these codes are included in Appellant's list of procedures she has received from [REDACTED] *Id.*

Appellant testified that she called MassHealth and a representative suggested that Appellant visit another dentist. When Appellant made an appointment with a different practice, she was told MassHealth would not cover the denture.

## Findings of Fact

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

1. Appellant is over the age of 21. Exhibit 4 at 5.
2. On July 29, 2024, MassHealth received a request from Appellant's provider for service code D5211, partial upper denture.
3. On July 29, 2024, MassHealth denied this request on July 29, 2024. Exhibit 1.
4. Appellant filed a timely appeal on September 9, 2024. Exhibit 2.
5. On April 14, 2020, MassHealth approved a request from Appellant's provider [REDACTED] submitted for a partial upper denture.
6. Appellant did not receive a complete upper denture that MassHealth paid for, as [REDACTED] had cut the denture in an effort to make it fit.
7. Appellant's records do not show service codes regarding repairing or relining partial dentures (such as D5612, D5622, or D5730) having been performed by [REDACTED] Exhibit 2.

## Analysis and Conclusions of Law

MassHealth pays for dental services when they are medically necessary<sup>1</sup> and covered by MassHealth's dental program. MassHealth's coverage of specific services varies depending on whether a member is under the age of 21 or is a client eligible for adult services through Massachusetts' Department of Developmental Services (DDS). MassHealth may require that the

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<sup>1</sup> Pursuant to 130 CMR 450.204(A),

(A) 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. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007

member show medical necessity for certain services through the prior authorization process. 130 CMR 420.410(A)(1).

According to 130 CMR 420.421, services covered by MassHealth include those listed in Subchapter 6 of the Dental Manual in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456. Removable prosthodontic services, such as dentures, are described in 130 CMR 420.428 (emphasis added):

420.428: Service Descriptions and Limitations: Prosthodontic Services (Removable)

(A) General Conditions. The MassHealth agency **pays for dentures services once per seven 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.

(B) Prosthodontic Services. The MassHealth agency pays for complete dentures for all members. The MassHealth agency pays for immediate dentures, including relines and post insertion procedures and placement of identification, for members younger than 21 years old.

(C) Denture Procedures.

(1) All denture services require appropriate diagnostic quality radiographs to be taken and stored in the member's chart.

(2) **As part of the denture fabrication process, the member must approve the teeth and setup in wax and try on the denture setup at a try-in visit before the dentures are processed.**

(3) The member's identification must be on each denture.

(4) **All dentures must be initially inserted and subsequently examined and can be adjusted up to six months after the date of insertion by the dentist at reasonable intervals consistent with the community standards.**

(5) If a member does not return for the insertion of the completed processed denture, the provider is required to submit to the MassHealth agency written evidence on their office letterhead of at least three attempts to contact the member over a period of one month via certified mail return receipt requested. Upon providing documentation, the provider may be reimbursed a percentage of the denture fee to assist in covering costs. See 130 CMR 450.231: *General Conditions of Payment*.

(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).

(E) Removable Partial Dentures. The MassHealth agency pays for removable partial dentures if there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition does not have active periodontitis, and there is a favorable prognosis for treatment outcome. A tooth is considered missing if it is a natural tooth or a prosthetic tooth missing from a fixed prosthesis. Payment for a partial denture includes payment for all necessary procedures for fabrication including clasps and rest seats.

(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, and 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.

(G) Complete Denture Relines. The MassHealth agency pays for chairside and laboratory complete denture relines. Payment for dentures includes any relines or rebases necessary within six months of the insertion date of the denture. The MassHealth agency pays for subsequent relines once every three calendar years per member.

In this matter, MassHealth denied Appellant's July 29, 2024 request for prior authorization of a partial upper denture because MassHealth had approved the same service four years before. The regulations limit replacement of dentures to once every seven years unless an extraordinary circumstance, such as a fire in the home, has occurred. Based on Appellant's credible testimony, the reason she needs a new partial denture is because [REDACTED] did not provide a complete denture in good repair despite being paid by MassHealth for the denture. The records also indicate that [REDACTED] did not bill MassHealth for any efforts to properly fit the denture within the first six months, a covered service as per 130 CMR 420.428(C). Appellant's records showed that [REDACTED] never billed MassHealth for covered dental codes for relining or repairing Appellant's denture.

Based on the evidence, MassHealth's denial of Appellant's prior authorization request was not made in error, and this appeal is denied.

Though Appellant has not set forth a basis for approving the denture replacement, Appellant's testimony is compelling and sympathetic. Appellant's testimony indicates that [REDACTED] may not have followed MassHealth's regulations regarding denture fitting as set forth in 130 CMR 420.428(C). The MassHealth representative recommended that Appellant submit a grievance against her provider for possible fraudulent treatment. A grievance or complaint can be filed with DentaQuest by calling 1-833-479-0687, or by using the "MassHealth Member Dental Complaint Form," available at: <https://www.masshealth-dental.net/MassHealth/media/Docs/Member-Complaint-Form.pdf> (last visited November 26, 2024). According to this form, "MassHealth will acknowledge receipt of the Complaint in writing within ten (10) business days of receiving the Complaint. You will receive a resolution, in writing within thirty (30) days of the date MassHealth first received your Complaint." The form allows a member to include additional pages. Appellant is encouraged to submit a new provider complaint with this hearing decision attached and any other evidence of the allegations against [REDACTED]

## **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.

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Cynthia Kopka  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA