

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2414836
<b>Decision Date:</b>	12/20/2024	<b>Hearing Date:</b>	11/08/2024
<b>Hearing Officer:</b>	Emily Sabo		

**Appearances for Appellant:**



**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>	Approved	<b>Issue:</b>	Dental Services; Prior Authorization
<b>Decision Date:</b>	12/20/2024	<b>Hearing Date:</b>	11/08/2024
<b>MassHealth's Rep.:</b>	Sheldon Sullaway	<b>Appellant's Reps.:</b>	[REDACTED]
<b>Hearing Location:</b>	Quincy Harbor South 1	<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

Through a notice dated August 16, 2024, MassHealth denied the Appellant's prior authorization request for a complete maxillary denture for the upper arch (D5110) and a complete mandibular denture for the lower arch (D5120). 130 CMR 420.428(F)(5) and Exhibits 1 and 5. The Appellant filed this appeal in a timely manner on September 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 maxillary denture for the upper arch (procedure D5110) and a complete mandibular denture for the lower arch (procedure D5120) 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 Appellant, her representative, and the hearing officer appeared in person for the hearing. The MassHealth representative participated virtually. 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 Standard member between the ages of 21-64. On August 16, 2024, MassHealth received a prior authorization request from the Appellant's dental provider<sup>1</sup> seeking approval for coverage of a complete maxillary denture for the upper arch (procedure code D5110) and a complete mandibular denture for the lower arch (procedure code D5120). Exhibit 5 at 4. On August 16, 2024, MassHealth denied prior authorization approval for a complete maxillary denture for the upper arch under procedure code D5110 and a complete mandibular denture for the lower arch under procedure code D5120 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 an upper denture on July 23, 2019, and a lower denture on May 17, 2019.

After verifying her identity, the Appellant testified that she had been hospitalized throughout 2018-2020, and that she was heavily medicated during that time. The Appellant testified that the dentures received were from [REDACTED]. The Appellant testified that she did not use the 2019 dentures and that when she requested that [REDACTED] adjust them better to her mouth, the dental provider there said that they were not fixable. The Appellant testified that she has trouble with her gums bleeding due to the issue. The Appellant testified that the dentures she is using are over 22 years old and showed the hearing officer and the MassHealth representative where they are rotting.

## 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 21-64. Testimony; Exhibit 4.
2. On August 16, 2024, MassHealth received a prior authorization request from the

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<sup>1</sup> Tufts Dental Clinic.

Appellant's dental provider seeking approval for coverage of a complete maxillary denture for the upper arch (procedure code D5110) and a complete mandibular denture for the lower arch (procedure code D5120). Testimony; Exhibit 5.

3. On August 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 an upper denture on July 23, 2019, and a lower denture on May 17, 2019. Testimony.
5. At the hearing, the Appellant testified that when she received the dentures in 2019, she was in the hospital and heavily medicated. The Appellant testified that the dentures did not fit in her mouth and when she returned to [REDACTED], the provider there told her that they could not be fixed. Testimony.
6. The Appellant is experiencing bleeding of her gums. Testimony.
7. The Appellant is currently using a 22-year-old denture, which is rotting. Testimony.

## **Analysis and Conclusions of Law**

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

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.<sup>2</sup> 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.

130 CMR 450.204(A).

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<sup>2</sup> 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>.

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 set of dentures less than seven years ago. However, I credit the Appellant's testimony regarding her hospitalization and medication, and that [REDACTED] told her that the dentures could not be repaired or relined. 130 CMR 420.428(F)(1). I also credit the Appellant's testimony that her gums are bleeding and that she is using a 22-year-old pair of dentures that are rotting.

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)(1). Therefore, the Appellant provided sufficient evidence to demonstrate that replacement of the complete maxillary and mandibular dentures under procedure codes D5110 and D5120 are medically necessary. Accordingly, the appeal is approved.

## **Order for MassHealth**

Approve the Appellant's August 16, 2024, prior authorization request for dental procedure codes D5110 and D5120. Send written notice of same to the appellant and her dental provider.

## **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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

CC: [REDACTED]

MassHealth Representative: DentaQuest 1, MA