

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2415983
Decision Date:	11/25/2024	Hearing Date:	11/15/2024
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Sheldon Sullaway

Interpreter:

Spanish



*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:	Dental Services – General Dental Services
Decision Date:	11/25/2024	Hearing Date:	11/15/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Daughter
Hearing Location:	Springfield MassHealth Enrollment Center	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 09/20/2024, MassHealth denied the Appellant's prior authorization request for a partial upper denture and a partial lower denture (130 CMR 420.428; Exhibits 1 and 4). The Appellant filed this appeal in a timely manner on 10/18/2024 (130 CMR 610.015(B); 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 upper denture and a partial lower denture because she exceeded the benefit limitation.

Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's request for a partial upper denture and a partial lower denture due to having exceeded the MassHealth benefit limitation, under 130 CMR 420.428(F)(5).

Summary of Evidence

The MassHealth representative, a Massachusetts licensed dentist and consultant for DentaQuest, appeared at the hearing by telephone. DentaQuest is 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 an adult MassHealth member. On 09/20/2024, MassHealth received a prior authorization request from the Appellant's dental provider, [REDACTED] seeking approval for coverage for a partial upper denture and a partial lower denture (Exhibit 4). On 09/20/2024, MassHealth denied prior authorization approval for a partial upper denture and a partial lower denture because of benefit limitations as the service is allowed once per 84 months (Exhibit 4).

The MassHealth representative testified that MassHealth previously approved Appellant for the requested treatment and paid for the partial upper denture on 04/04/2023 and for the lower partial denture on 12/05/2023. 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 because the Appellant received coverage for a partial upper denture and a partial lower denture within 7 years, she is ineligible for a replacement at this time. The MassHealth representative testified that he did not see any exception that would apply, and that the Appellant's provider did not include a narrative or X-rays.

The Appellant's daughter appeared at the hearing by telephone. She was assisted by a Spanish-language interpreter. Appellant's daughter verified the Appellant's identity. The daughter testified that the appellant is elderly. Without the partial dentures, the Appellant "chokes" on her food and is unable to eat rice. She also has problems swallowing her pills. The dentures were "lost" after the Appellant constantly had to remove them because of their poor fit.

Findings of Fact

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

1. The Appellant is an adult MassHealth member (Exhibit 4).
2. On 09/20/2024, the Appellant's dental provider submitted a request for prior authorization for replacement of a partial upper denture and a partial lower denture (Testimony; Exhibit 4).
3. On 09/20/2024, MassHealth denied the Appellant's request for prior authorization for the partial upper denture and a partial lower denture (Testimony; Exhibit 4).
4. MassHealth paid for the Appellant to receive the partial upper denture on 04/04/2023 and the lower partial denture on 12/05/2023 (Testimony).

5. According to the Appellant, the denture was accidentally thrown away (Testimony).

Analysis and Conclusions of Law

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.

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;

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>.

- (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).

The MassHealth representative testified that MassHealth paid for the Appellant to receive paid for the partial upper denture on 04/04/2023 and for the lower partial denture on 12/05/2023. Based on the benefit limitations quoted above, in 130 CMR 420.428, the Appellant is not eligible to receive replacement partial dentures until after 84 months have passed. The regulation also states that the "member is responsible for denture care and maintenance. The member . . . must take all possible steps to prevent the loss of the member's dentures." The Appellant has not provided evidence that an exception to the benefit limitation of 130 CMR 420.428 applies. Therefore, MassHealth did not err in denying the prior authorization request for both maxillary and mandibular partial dentures. Accordingly, 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings


MassHealth Representative: DentaQuest 1, MA