

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416308
Decision Date:	01/14/2025	Hearing Date:	11/29/2024
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway



*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:	Adult Dental Services
Decision Date:	01/14/2025	Hearing Date:	11/29/2024
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South Telephonic		

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 10/14/24, MassHealth denied the appellant's prior authorization for MassHealth benefits because MassHealth determined that the services are not covered. (130 CMR 420.425, 130 CMR 420.428, and Exhibit 1). The appellant filed this appeal in a timely manner on 10/23/24. (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 prior authorization for dental services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.425 and 130 CMR 420.428, in determining that the requested dental services are not covered.

Summary of Evidence

The appellant is over the age of 21. The MassHealth representative, a licensed dentist, testified that the appellant's dental provider submitted a prior authorization request on 10/14/24 for a crown - porcelain/ceramic (D2740) for tooth #29¹, mandibular partial denture - resin base (D5212) for tooth #17², and a maxillary partial denture - resin base (D5211) for tooth #1.³ The MassHealth representative testified that this request was denied on 10/14/24 because of MassHealth service limitations. The MassHealth representative testified that MassHealth will only pay for a crown once every 60 months (5 years) and MassHealth paid for a crown on tooth #29 on 4/25/23. The MassHealth representative testified that MassHealth will only pay for a partial denture once every 84 months (7 years) and MassHealth paid for a maxillary partial denture on 10/17/19, and a mandibular partial denture on 8/24/23. The MassHealth representative testified that there are exceptions to this service limitation, but the appellant's file does not indicate that he meets any of the exceptions. The dentist testified that pre-molars are not necessary for chewing.

The appellant testified that he received the crown, but it fell out five times and the dentist could never get it to fit properly. The appellant testified that the dentist made him pay \$100 the last time to put it back and he feels the dentist is a hack. The appellant testified that the dentures must be made again because his bottom front tooth fell out. The appellant testified that the top denture needs to be made again because the crown fell out on the back tooth, so the denture does not stay in any longer.

Findings of Fact

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

1. The appellant is over the age of 21.
2. The appellant's dental provider submitted a prior authorization request on 10/14/24 for a crown - porcelain/ceramic (D2740) for tooth #29, mandibular partial denture - resin base (D5212) for tooth #17, and a maxillary partial denture - resin base (D5211) for tooth #1.
3. The request was denied on 10/14/24 because of MassHealth service limitations.
4. MassHealth will only pay for a crown once every 60 months (5 years).
5. MassHealth paid for a crown on tooth #29 on 4/25/23.
6. MassHealth will only pay for a partial denture once every 84 months (7 years).

¹ Pre-molar

² 3rd molar called a Wisdom tooth.

³ 3rd molar called a Wisdom tooth.

7. MassHealth paid for a maxillary partial denture on 10/17/19 and a mandibular partial denture on 8/24/23.

Analysis and Conclusions of Law

MassHealth only pays for medically necessary services established through the prior authorization process. 130 CMR 420.410(D)(1) states that “[p]rior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility, the availability of other health-insurance payment, or whether the service is a covered service.” Additionally, 130 CMR 420.410(C)(1) indicates that “[t]he provider is responsible for including with the request for prior authorization appropriate and sufficient documentation to justify the medical necessity for the service.”

The MassHealth Dental Program Office Reference Manual, Appendix 6, Exhibit B entitled “Benefits Covered for MassHealth - 21 and Over” lists the service limitation for all covered services.⁴ Appendix 6, Exhibit B states that MassHealth will cover the cost of procedure code D2740 crown - porcelain/ceramic once per 60 months, per patient, per tooth. There are no listed exceptions to this limitation. MassHealth will pay for the cost of crown repair per 130 CMR 420.425(E). The MassHealth agency pays for the chairside repair of crowns. “A description of the repair must be documented in the member's dental record. The MassHealth agency pays for unspecified restoration procedures for crown repair by an outside laboratory only if the repair is extensive and cannot be done chairside.” (130 CMR 420.425(E)). The appellant’s record did not support the need for replacement crowns.

MassHealth paid for a crown on tooth #29 on 4/25/23 which is within 60 months of the current request. Based on the evidence MassHealth was within regulatory authority in denying the appellant’s prior authorization request for a replacement crown on tooth #29. This appeal on this issue is **DENIED**.

130 CMR 420.428(A), entitled General Conditions states that MassHealth will pay for dentures once per seven calendar years per member, subject to the age limitations specified in 130 CMR 420.428(B).⁵

130 CMR 420.428(F), entitled Replacement of Dentures governs the replacement of dentures. MassHealth will pay 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.

⁴ <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>. Published 9/7/24.

⁵ 420.428(B) refers to members under the age of 21.

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.

(emphasis added)

MassHealth provides coverage for dentures every 7 years. MassHealth last paid for a maxillary partial denture for the appellant on 10/17/19 and MassHealth last paid for a mandibular partial denture on 8/24/23; which is within the past 7 years. The appellant's record does not show that he falls into any exceptions listed under 130 CMR 420.428(F), therefore the appellant is not currently eligible for MassHealth coverage for replacement maxillary and mandibular partial dentures. Based on the evidence MassHealth was within regulatory authority in denying the appellant's prior authorization request for a replacement maxillary and mandibular partial dentures. This 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.

Christine Therrien
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA