

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2418629
Decision Date:	02/20/2025	Hearing Date:	01/31/2025
Hearing Officer:	Sharon Dehmand		

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:	DENIED	Issue:	Dental Services; General Dental
Decision Date:	02/20/2025	Hearing Date:	01/31/2025
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Remote	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 November 4, 2024, MassHealth denied the appellant's prior authorization request for complete maxillary and partial mandibular dentures. See 130 CMR 420.428 and Exhibit 1. The appellant filed this appeal in a timely manner on December 5, 2024. See 130 CMR 610.015(B) and Exhibit 2. Denial of a request for prior authorization is a valid basis for appeal to the Board of Hearings. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for complete maxillary and partial mandibular dentures.

Issue

Whether MassHealth was correct in denying the appellant's request for prior authorization for complete maxillary and partial mandibular dentures because it exceeded the maximum allowed benefits. See 130 CMR 420.428(F)(5); 130 CMR 450.204(A).

Summary of Evidence

The MassHealth dental consultant for DentaQuest and the appellant who verified her identity appeared telephonically at the hearing. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth dental consultant testified that, on November 4, 2024, the appellant's provider submitted a prior authorization request for coverage of complete maxillary and partial mandibular dentures under service codes D5110 and D5212. On November 4, 2024, MassHealth denied this request because it exceeded the maximum allowable benefits, as the treatment is covered only once every seven calendar years, or 84 months. MassHealth's records revealed that the appellant received a complete maxillary denture on May 17, 2019, and a partial mandibular denture on June 7, 2019. Because seven years have not elapsed since those dates, MassHealth denied the appellant's request.

The appellant acknowledged receiving both maxillary and mandibular dentures on the dates specified by MassHealth's consultant. She clarified that the request for a replacement of her partial mandibular dentures was made in error, as she still possesses them. However, she stated that she lost her upper (maxillary) dentures while staying at a hotel. She explained that she left her upper dentures by the bathroom sink before leaving the room to get breakfast. Upon returning, she discovered that they were missing. Noticing that housekeeping had been in the room during her absence, she suspected that they had disposed of her dentures.

The appellant argued that the loss of her dentures was through no fault of her own. She stressed that without her dentures she struggles to eat properly and frequently chokes on her food. She added that as a diabetic, she cannot maintain a proper diet without her dentures making the replacement of her dentures a medical necessity.

The MassHealth dental consultant responded that per regulations, the member is responsible for denture care after insertion. He added that there are many soft diets that can help maintain proper nutrition.

Findings of Fact

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

1. The appellant is over the age of 21. (Exhibit 4).
2. On November 4, 2024, the appellant's provider submitted a prior authorization for the replacement of complete maxillary and partial mandibular dentures under service codes D5110 and D5212. (Testimony and Exhibit 1).

3. On November 4, 2024, MassHealth denied the appellant's prior authorization request because it exceeded the maximum allowed benefits. (Testimony and Exhibit 1).
4. The appellant filed this appeal in a timely manner on December 5, 2024. (Exhibit 2).
5. The request for a replacement of the appellant's partial mandibular dentures was made in error, as she still possesses them. (Testimony).
6. MassHealth allows for a complete maxillary denture once every seven years. (Testimony and *Dental Manual*).
7. The appellant received and MassHealth paid for a complete maxillary denture less than seven years ago, on June 7, 2019. (Testimony).
8. The appellant's dentures were lost while staying at a hotel. (Testimony).

Analysis and Conclusions of Law

Per regulations, MassHealth pays for services when they are medically necessary and covered by MassHealth's dental program. 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.

See 130 CMR 450.204(A).

MassHealth pays for the following dental services when they are medically necessary:

- (1) the services with codes 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; and
- (2) all services for EPSDT-eligible members, in accordance with 130 CMR 450.140

through 450.149, without regard for the service limitations described in 130 CMR 420.422 through 420.456, or the listing of a code in Subchapter 6. All such services are available to EPSDT-eligible members, with prior authorization, even if the limitation specifically applies to other members younger than 21 years old.

See 130 CMR 420.421(A).

MassHealth's regulations regarding removable prosthodontic services state the following, in relevant parts:

(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.....

(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.

See 130 CMR 420.428.

In this case, there is no dispute that the appellant received a complete maxillary denture on May 17, 2019, and a partial mandibular denture on June 7, 2019; less than 84 months ago.

The appellant argued that the loss of her dentures was through no fault of her own because the hotel's housekeeping staff disposed of them after she left the room. The loss of denture does not qualify as an exception to the benefit limitations set forth in 130 CMR 420.428(F). The regulation specifically 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." See id. Here, the appellant failed to take all possible steps to prevent the loss of her denture by leaving them unattended by the bathroom sink in a hotel room.

Additionally, the appellant argued that without her dentures she struggles to eat properly and frequently chokes on her food. She added that as a diabetic, she cannot maintain a proper diet without her dentures making the replacement of her dentures a medical necessity. While I am sympathetic to the appellant's medical circumstances, they do not meet the criteria for medical necessity as defined by MassHealth's regulations. See 130 CMR 420.421(A); see also Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings"). As such, the appellant failed to prove by a preponderance of the evidence that MassHealth erred in denying her request for prior authorization for dental services.

For the foregoing reasons, 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.

Sharon Dehmand, Esq.

Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA