

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2418841
Decision Date:	02/25/2025	Hearing Date:	01/03/2025
Hearing Officer:	Emily Sabo		

Appearance 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

Appeal Decision:	Denied	Issue:	Dental Services; Prior Authorization
Decision Date:	02/25/2025	Hearing Date:	01/03/2025
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	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 13, 2024, MassHealth denied the Appellant's prior authorization request for partial dentures for the upper and lower arches (procedures D5211 and D5212). 130 CMR 420.428 and Exhibits 1 and 5. The Appellant filed this appeal in a timely manner on December 10, 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 partial dentures for the upper and lower arches (procedures D5211 and D5212) because he exceeded the benefit limitation.

Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's request for procedures D5211 and D5212 due to having exceeded the MassHealth benefit limitation, under 130 CMR 420.428(F)(5).

Summary of Evidence

The hearing was held by telephone and the Appellant verified his identity. 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: the Appellant is a MassHealth Standard member between the ages of 21-64. On November 13, 2024, MassHealth received a prior authorization request from the Appellant's dental provider seeking approval for coverage of partial dentures for the upper and lower arches under procedure codes D5211 and D5212. Exhibit 5 at 4. On November 13, 2024, MassHealth denied prior authorization approval for partial dentures for both arches because of benefit limitations, as the service is allowed once per 84 months. *Id.*

The MassHealth representative testified that, based on MassHealth's records, MassHealth paid for upper and lower partial dentures on February 10, 2020. 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 within the last 7 years, he is ineligible for a replacement at this time. The MassHealth representative testified that he did not see any exception that would apply. The MassHealth representative also testified that the MassHealth Dental Office Reference Manual (ORM) requires that providers submit a narrative and X-rays that explain what teeth are being replaced and that the abutment teeth are strong enough to support a partial denture.

The Appellant testified that his upper partial dentures have broken and he cannot bite down. The Appellant testified that his gums are tender and he cannot eat. The Appellant lamented that he cannot afford to purchase dentures, and that he cannot go outside without teeth. The Appellant also testified that he has lived with the broken denture for two years and that seven years is a long time to be without teeth.

Findings of Fact

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

1. The Appellant is an adult between the ages of 21-64 and is a MassHealth Standard member (Exhibit 4).
2. On November 13, 2024, the Appellant's dental provider submitted a request for prior authorization for partial upper and lower dentures under procedure codes D5211 and D5212 (Testimony; Exhibits 1 & 5).
3. On November 13, 2024, MassHealth denied the Appellant's request for prior authorization

for procedures D5211 and D5212 (Testimony; Exhibits 1 & 5).

4. MassHealth paid for the Appellant to receive procedures D5211 and D5212 on February 10, 2020 (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 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>.

- (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).

The MassHealth representative testified that MassHealth paid for the Appellant to receive procedures D5211 and D5212 on February 10, 2020. Based on the benefit limitations quoted above, in 130 CMR 420.428, the Appellant is not eligible to receive complete dentures until after 84 months have passed, or until February 10, 2027. The regulation also states that the "member is responsible for denture care and maintenance." 130 CMR 420.428(F). I am sorry for the Appellant's situation and understand the negative impact that this has had on his life. However, the Appellant has not established evidence that an exception to the benefit limitation of 130 CMR 420.428(F) applies. Therefore, MassHealth did not err in denying the Appellant's November 13, 2024 prior authorization request.²

Accordingly, the appeal is denied.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

² The Appellant, through his dental provider, is welcome to submit prior authorization requests in the future that include a narrative, X-rays, and an explanation of whether the dentures could be repaired or re-lined, or if an exception in 130 CM 420.428(F) applies.

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.

Emily Sabo
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA