

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2502170
Decision Date:	4/7/2025	Hearing Date:	03/14/2025
Hearing Officer:	Sharon Dehmand		

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; General Dental
Decision Date:	4/7/2025	Hearing Date:	03/14/2025
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	
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 21, 2024, MassHealth denied the appellant's prior authorization request for a complete maxillary denture. See 130 CMR 420.428 and Exhibit 1. The appellant filed this appeal in a timely manner on February 4, 2025.¹ 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 a complete maxillary denture.

Issue

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

¹ The appeal was deemed timely by the Director of the Board of Hearings.

Summary of Evidence

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

The MassHealth dental consultant testified that, on November 21, 2024, the appellant's provider submitted a prior authorization request for a complete maxillary denture under the service code D5110. On November 21, 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 July 25, 2018. She will be eligible for a replacement in a few months. Because seven years have not elapsed since the appellant received her last maxillary denture, MassHealth denied the appellant's request.

The appellant's representative acknowledged that the appellant received her maxillary denture on the date specified by MassHealth's consultant. However, she added that the appellant suffers from a mental illness and while she was living at a nursing facility, the facility lost her denture. The nursing facility agreed to replace it, but they did not. The appellant's representative stated that because the appellant does not have her maxillary denture, she chokes on her food and has lost weight. She expressed relief that the appellant will be eligible for a replacement in a few months.

Findings of Fact

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

1. The appellant is over the age of 21. (Testimony and Exhibit 4).
2. On November 21, 2024, the appellant's provider submitted a prior authorization request for the replacement of a complete maxillary denture under service code D5110. (Testimony and Exhibit 1).
3. On November 21, 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 on February 4, 2025, which was deemed timely by the Director of the Board of Hearings. (Exhibit 2).
5. MassHealth allows for a complete maxillary denture once every seven years. (Testimony and *Dental Manual*).

6. The appellant received and MassHealth paid for a complete maxillary denture less than seven years ago, on July 25, 2018. (Testimony).
7. The nursing facility lost the appellant's denture. (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 July 25, 2018; less than 84 months ago. The appellant's representative stated that the appellant who suffers from a severe mental illness lost her denture due to no fault of her own and because of the nursing facility's negligence. This argument is unavailing, as the applicable regulation clearly states that "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." See 130 CMR 420.428(F). Thus, given this requirement, the responsibility for safeguarding the appellant's

denture falls on the appellant or the nursing facility and not MassHealth.

Based on the foregoing reasons, I find that the appellant has not proven by a preponderance of the evidence that MassHealth denial of a complete maxillary denture was made in error. see 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, 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