

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	APPROVED	Appeal Number:	2502312
Decision Date:	3/31/2025	Hearing Date:	03/14/2025
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:	APPROVED	Issue:	Dental Services; General Dental
Decision Date:	3/31/2025	Hearing Date:	03/14/2025
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 January 15, 2025, MassHealth denied the appellant's prior authorization request for a partial mandibular denture. See 130 CMR 420.428 and Exhibit 1. The appellant filed this appeal in a timely manner on February 6, 2025. 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 partial mandibular denture.

Issue

Whether MassHealth erred in denying the appellant's request for prior authorization for a partial mandibular denture 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 testimony and evidence provided at the hearing:

The MassHealth dental consultant testified that, on January 16, 2025, the appellant's provider submitted a prior authorization request for coverage of a partial mandibular denture under service code D5212. On January 16, 2025, 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 partial mandibular denture on October 8, 2024. Because seven years have not elapsed since those dates, MassHealth denied the appellant's request.

The appellant acknowledged receiving a partial mandibular denture on the date specified by MassHealth's consultant. She testified that on December 31, 2024, she suffered a seizure while in a convenience store and lost her denture as a result. She explained that although she had a history of seizures, she had been on a new anti-seizure medication since March 2024. Since starting this medication, she had not experienced any seizures. As such, this seizure was completely unexpected.

She added that she lost consciousness during the episode and came to while lying on the store floor, in a pool of blood. She was taken to the local hospital and discharged the following morning. It was not until just before her release that she realized her denture was missing. Hospital staff were unable to provide any information regarding its whereabouts. She returned to the convenience store but was unable to locate her denture. She argued that since the seizure was beyond her control, the loss of her denture was not her fault.

Findings of Fact

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

1. The appellant is over the age of [REDACTED] (Exhibit 4).
2. On January 16, 2025, the appellant's provider submitted a prior authorization for the replacement of a partial mandibular denture under service code D5212. (Testimony and Exhibit 1).
3. On January 16, 2025, 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 February 6, 2025. (Exhibit 2).
5. MassHealth allows for a partial mandibular denture once every seven years. (Testimony and *Dental Manual*).
6. The appellant received and MassHealth paid for a partial mandibular denture less than seven years ago, on October 8, 2024. (Testimony).
7. The appellant's denture was lost during an unexpected seizure. (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 [REDACTED]

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 partial mandibular denture on October 8, 2024, less than 84 months ago. The only question is whether the way she lost her denture qualifies as an exception to the time limit set by the regulations.

The appellant argued that the loss of her denture was through no fault of her own because she suffered an unexpected seizure during which she lost consciousness and was transported to the hospital. Although the relevant MassHealth regulation allows for an exception to benefit limitations in “extraordinary circumstances,” it does not provide a clear definition of the term. Instead, it offers an example “such as a fire in the home.” See 130 CMR 420.428(F)(8). As such, looking for some guidance as to the meaning of the term “extraordinary circumstances” in the Black’s Law Dictionary may be useful.

The term “extraordinary” is defined as “an incident or accident, that would not have been foreseeable to someone of normal prudence.” See Black’s Law Dictionary (12th ed. 2024). The term circumstance is defined as “the probability of an event.” See id. Finally, the term “extraordinary circumstances” is defined as “unusual set of facts that are not commonly associated with a particular thing or event.” Id.

The appellant credibly testified that she had been on a new anti-seizure medication since March 2024, and had not experienced a seizure for nearly ten months until December 31, 2024. Given this extended period without any incidents, a seizure at that point was not reasonably foreseeable to “someone of normal prudence.” This unexpected event constitutes an “unusual set of facts” that I find meets the regulatory requirement for “extraordinary circumstances” as set forth in 130 CMR 420.428(F)(8). As such, the appellant has demonstrated by a preponderance of the evidence that MassHealth erred in denying her request for prior authorization for dental services. See [REDACTED] (“[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings”).

For the foregoing reasons, this appeal is APPROVED.

Order for MassHealth

Rescind the notice denying the appellant’s prior authorization for dental services.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Sharon Dehmand, Esq.

Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA