

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504418
Decision Date:	7/14/2025	Hearing Date:	05/09/2025
Hearing Officer:	Casey Groff	Record Closed:	06/13/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Raymond Martin, DDS, MAGD, BeneCare
Nicholas Caravella, BeneCare



*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
Decision Date:	7/14/2025	Hearing Date:	05/09/2025
MassHealth's Rep.:	Raymond Martin, DDS, MAGD; Nicholas Caravella	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, 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 2/3/25, MassHealth denied Appellant's prior authorization (PA) request for procedure code D5211 *partial maxillary denture* and D5212 *partial mandibular denture* because he exceeded the benefit limitation. *See* 130 CMR 420.428; Exh. 3. Appellant filed this appeal in a timely manner on 3/17/25. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's PA request for lower and upper partial dentures because he exceeded the benefit limitation.

Issue

The appeal issue is whether MassHealth was correct in denying Appellant's request for dentures due to having exceeded MassHealth benefit limitations.

Summary of Evidence

The MassHealth representative, a licensed dentist and consultant for BeneCare, appeared at the hearing by telephone. BeneCare is the third-party contractor that administers and manages MassHealth's dental program. Appellant appeared at the hearing telephonically, acting *pro se*.

Through testimony and documentary submissions, the parties presented the following evidence: Appellant is a MassHealth adult member over the age of 21. *See* Exh. 4. On 2/3/25, MassHealth received a prior authorization (PA) request from Appellant's dental provider seeking approval for coverage of a partial maxillary denture and a partial mandibular denture under procedure codes D5211 and D5212, respectively. *See* Exh. 1. In the PA request, the provider noted that Appellant's existing partial dentures were ill-fitting and caused difficulties eating. *Id.*

On 2/3/25, MassHealth denied Appellant's PA request because MassHealth already paid for the same denture services within the past seven years. *See* Exhs. 1 and 3. The MassHealth representative testified that under dental program regulations, adults over the age of 21 are eligible to receive medically necessary removable denture services with a benefit limitation of once per seven years. Appellant received an initial set of upper and lower partial dentures in June of 2023. Because the seven-year period had not elapsed, he was ineligible for replacement at this time. The MassHealth representative also testified that BeneCare did not have any supporting documentation or dental records to supplement the PA request, such as a medical necessity narrative, x-rays, data to describe which teeth are missing, and what if any servicing and repair efforts had been attempted to make the existing dentures fit properly. Based on the fact that Appellant has exceeded the coverage limitation and absent additional information of medical necessity, MassHealth was unable to overturn the denial at this time.

Appellant testified that he received the dentures in June of 2023; however, they have been ill-fitting since the day he received them. Appellant explained that he is missing 2 molars on the bottom arch and 2 molars on the top arch. Therefore, the partials are made for the back of his mouth. Before receiving the dentures, his provider took impressions and moldings in preparation for fitting him for the dentures. However, once the dentures were fabricated and placed, Appellant immediately noticed an issue. After the dentist placed the dentures in his mouth, they put so much pressure on the surrounding teeth he could not bite down. At the appointment, the provider popped the dentures out to make an adjustment, but it did not completely remedy the issue. They have never gotten the denture to sit correctly in his palate to make it level. Additionally, there has always been a space between the denture and gum, which is problematic because food and liquids can get easily trapped while eating. Because they fit so poorly, he has stopped attempting to use them while eating and rarely wears them. Appellant testified that he raised the issue multiple times with his provider, including at his most recent dental cleaning visit. During this visit, another adjustment was made but, again, did little to help. Appellant testified that as of the hearing date he still cannot use the dentures. Appellant also testified that in

preparation for this hearing, he specifically requested that his provider resend x-rays and supporting documentation and was surprised to hear that it had not been received by MassHealth in advance of this hearing. Appellant requested an opportunity to submit the records to MassHealth for reconsideration.

At Appellant's request, the record was left open to allow him additional time, post-hearing, to submit dental records and documentation to demonstrate what, if any, efforts the provider has made to relin or repair the dentures and whether they are serviceable. See Exh. 6. Following the hearing, no additional evidence was received by the Appellant by the designated deadline.

Findings of Fact

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

1. Appellant is a MassHealth member over the age of 21.
2. In June of 2023, MassHealth paid for, and Appellant received, a set of partial upper and lower dentures.
3. On 2/3/25, MassHealth received a PA request from Appellant's dental provider seeking coverage for a partial maxillary denture and a partial mandibular denture under procedure codes D5211 and D5212, respectively, with the provider noting that Appellant's existing dentures were ill-fitting and caused difficulties eating.
4. On 2/3/25, MassHealth denied Appellant's PA request because he exceeded the benefit limitation for dentures, which are covered once per 84 months.
5. Despite being given a post-hearing opportunity to submit additional evidence to show that his existing dentures were unusable, no additional evidence was received by the designated deadline.

Analysis and Conclusions of Law

This appeal addresses whether MassHealth correctly denied Appellant's prior authorization (PA) request for partial mandibular and maxillary dentures. MassHealth will cover medically necessary prosthodontic services, subject to the service descriptions and limitations set forth under 130 CMR 420.428. See 130 CMR 420.421(C)(5). The relevant provisions of § 420.428 state 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...***

....

- (E) Removable Partial Dentures. The MassHealth agency pays for removable partial dentures if there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition does not have active periodontitis and there is a favorable prognosis for treatment outcome. A tooth is considered missing if it is a natural tooth or a prosthetic tooth missing from a fixed prosthesis. Payment for a partial denture includes payment for all necessary procedures for fabrication including clasps and rest seats.
- (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, 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).

These requirements are further detailed in the MassHealth Dental Program's *Office Reference Manual* (ORM), which states that "dentists are required to take diagnostic quality pre-operative radiographs for all complete denture services;" "partial dentures are covered only for members

with good oral health and hygiene, good periodontal health, and a favorable prognosis where continuous deterioration is not expected;" "radiographs must show no untreated cavities or active periodontal disease in the abutment teeth, and abutments must be at least 50% supported in bone;" and, in general, "if there is a pre-existing removable prosthesis (includes partial and full dentures), it must be at least seven years old and unserviceable to qualify for replacement."

See ORM, p. 49 (6/5/25)¹

The evidence indicates that in June of 2023 MassHealth paid for an initial set of partial dentures under procedure codes D5211 and D5212. As the seven-year benefit limitation period has not yet elapsed, Appellant is ineligible for a new set of partial dentures at this time. See 130 CMR 420.428. While Appellant credibly testified that the dentures have been ill-fitting from inception, he did not submit additional evidence, despite being afforded additional time post-hearing, to demonstrate that his provider has exhausted all efforts to render his existing dentures useable. See e.g., 130 CMR 420.428. There is ultimately insufficient evidence to demonstrate any grounds on which Appellant is eligible, at this time, for replacement dentures under 130 CMR §§ 420.428(A) and 420.428(F). Based on coverage limitations, MassHealth did not err in denying Appellant's PA request.

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.

Casey Groff
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan

¹ A copy of the ORM is publicly available at: <https://massdhp.org/orm/>