

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504979
Decision Date:	6/23/2025	Hearing Date:	5/7/2025
Hearing Officer:	Cynthia Kopka	Record Open to:	5/23/2025

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Dr. Leo Whitworth, Benecare
Nick 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 – General
Decision Date:	6/23/2025	Hearing Date:	5/7/2025
MassHealth’s Reps.:	Dr. Whitworth, Nick Caravella	Appellant’s Rep.:	Pro se
Hearing Location:	Quincy (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

By notice dated January 27, 2025 MassHealth denied Appellant's prior authorization request for service code D5110 (complete upper denture) and D5120 (complete lower denture). Exhibit 1. Appellant filed this appeal on March 27, 2025. Exhibit 2. 130 CMR 610.015(B). Denial of a request for assistance is a valid basis for appeal. 130 CMR 610.032. The hearing record was held open through May 23, 2025 for submission of additional evidence. Exhibit 5.

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for dental services.

Issue

The appeal issue is whether MassHealth was correct in denying Appellant's prior authorization request.

Summary of Evidence

MassHealth was represented by a dentist and an administrative representative from Benecare, MassHealth's current third-party dental contractor. Appellant appeared by phone. A summary of testimony and documents follows.

Appellant is over the age of [REDACTED]. On January 27, 2025, MassHealth's prior dental contractor, DentaQuest, denied Appellant's prior authorization request for service code D5110 (complete upper denture) and D5120 (complete lower denture). Exhibit 1. Appellant testified that he first received dentures from MassHealth in October 2022. Appellant had been living with his girlfriend, but was incarcerated. During his incarceration, Appellant's girlfriend threw away all of his belongings, including his dentures. Appellant has been living without dentures for almost two years. Appellant testified that his dentist told him that his lower gums are starting to deteriorate. Appellant testified that he experiencing pain and choking.

The Benecare dentist inquired about a lower impacted tooth. Appellant testified that he had the tooth removed. The Benecare dentist testified that he would recommend a replacement denture if he received documentary evidence that the tooth has been removed. The hearing record was held open through May 16, 2025 for Appellant to produce this evidence, and through May 23, 2025 for MassHealth to review and respond. Exhibit 5. The parties agreed to exchange information by email and provided email addresses to be used to exchange documents.

Appellant provided responses by email indicating that he was mistaken and the lower impacted tooth has not been removed. Appellant stated that the dental surgeon told him the tooth was too close to the nerve to remove. Appellant stated that the dentist was faxing documents to MassHealth. No documents from the dentist were received by the Board of Hearings. Benecare's representatives offered no response to any of the emails from Appellant or the Board of Hearings.

Findings of Fact

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

1. Appellant is over the age of [REDACTED]
2. On January 27, 2025, MassHealth's prior dental contractor, DentaQuest, denied Appellant's prior authorization request for service code D5110 (complete upper denture) and D5120 (complete lower denture). Exhibit 1.
3. Appellant filed a timely appeal on March 27, 2025. Exhibit 2.
4. Appellant first received his complete dentures in October 2022.

5. Appellant testified he lost his dentures when he was incarcerated and his girlfriend threw them away.
6. The hearing record was held open through May 23, 2025 to allow Appellant to submit evidence that he has had an impacted tooth removed. Exhibit 5.
7. Appellant has not had the impacted tooth removed.

Analysis and Conclusions of Law

MassHealth pays for dental services when they are medically necessary¹ and covered by MassHealth's dental program. MassHealth's coverage of specific services varies depending on whether a member is under the age of ■ or is a client eligible for adult services through Massachusetts' Department of Developmental Services (DDS). MassHealth may require that the member show medical necessity for certain services through the prior authorization process. 130 CMR 420.410(A)(1).

According to 130 CMR 420.421, services covered by MassHealth include those 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. Removable prosthodontic services, such as dentures, are described in 130 CMR 420.428 (emphasis added):

420.428: Service Descriptions and Limitations: Prosthodontic Services (Removable)

(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

¹ Pursuant to 130 CMR 450.204(A),

(A) 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

denture or to accept or function with the denture, or indications that the member does not intend to utilize the denture.

(B) Prosthodontic Services. The MassHealth agency pays for complete dentures for all members. The MassHealth agency pays for immediate dentures, including relines and post insertion procedures and placement of identification, for members younger than ■ years old.

(C) Denture Procedures.

(1) All denture services require appropriate diagnostic quality radiographs to be taken and stored in the member's chart.

(2) As part of the denture fabrication process, the member must approve the teeth and setup in wax and try on the denture setup at a try-in visit before the dentures are processed.

(3) The member's identification must be on each denture.

(4) All dentures must be initially inserted and subsequently examined and can be adjusted up to six months after the date of insertion by the dentist at reasonable intervals consistent with the community standards.

(5) If a member does not return for the insertion of the completed processed denture, the provider is required to submit to the MassHealth agency written evidence on their office letterhead of at least three attempts to contact the member over a period of one month via certified mail return receipt requested. Upon providing documentation, the provider may be reimbursed a percentage of the denture fee to assist in covering costs. *See 130 CMR 450.231: General Conditions of Payment.*

(D) Complete Dentures. Payment by the MassHealth agency for complete dentures includes payment for all necessary adjustments, including relines, as described in 130 CMR 420.428(E).

(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, 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.**

(G) Complete Denture Relines. The MassHealth agency pays for chairside and laboratory complete denture relines. Payment for dentures includes any relines or rebases necessary within six months of the insertion date of the denture. The MassHealth agency pays for subsequent relines once every three calendar years per member.

In this matter, MassHealth denied Appellant's request for prior authorization of complete upper and lower dentures. Appellant conceded that he received his dentures in 2022, less than seven years prior to the subject request. The regulations limit replacement of dentures to once every seven years unless an extraordinary circumstance, such as a fire in the home, has occurred or if a medical or surgical condition necessitates a new denture. The regulations require a member to take all possible steps to prevent loss. Appellant has not demonstrated that the reason to deny his replacement dentures was made in error, as it had not been seven years and was not based on an extraordinary circumstance such as a fire in the home. Rather, the dentures were lost carelessly. Appellant did not provide evidence that there was a medical or surgical change in his mouth requiring a new denture. Accordingly, this appeal is denied. Appellant is encouraged to have his dental provider submit a request for replacement dentures if the condition of his teeth changes.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan