

**Office of Medicaid  
BOARD OF HEARINGS**

Appellant Name and Address:



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2176157
<b>Decision Date:</b>	10/13/2021	<b>Hearing Date:</b>	09/22/2021
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**  
*Pro se via telephone*

**Appearance for MassHealth:**  
Dr. Harold Kaplan, DMD *via telephone*



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Orthodontics
<b>Decision Date:</b>	10/13/2021	<b>Hearing Date:</b>	09/22/2021
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Quincy Harbor South Tower		

## 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 July 19, 2021, MassHealth denied the appellant's prior authorization (PA) request for replacement retainers. (See 130 CMR 420.431 and Exhibit 1; Ex. 4, p. 3). The appellant filed this appeal in a timely manner on July 30, 2021. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's PA request for a replacement retainers.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in denying the appellant's PA request for replacement retainers.

## Summary of Evidence

The appellant is an individual under the age of 21. (Ex. 4, pp. 3, 4). The appellant's provider submitted the request for replacement maxillary and mandibular retainers on July 19, 2021. (Ex. 4, p. 3). The MassHealth representative stated that MassHealth will only replace retainers during the two years following the date the braces are removed from the teeth. The appellant's braces were removed on September 13, 2018. The replacement was requested after the two-year period had expired, which was the reason MassHealth denied the request on July 20, 2021. (Ex. 4, p. 6). The MassHealth

representative stated that he would have to uphold this denial.

The appellant stated that he did not know about this rule. The appellant stated that he chewed through his former retainers and that he needed new retainers.

## Findings of Fact

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

1. The appellant is under the age of 21. (Ex. 4, pp. 3, 4).
2. The appellant's braces were removed on September 13, 2018. (Testimony of the MassHealth representative).
3. The appellant's provider submitted the request for a new retainer on July 19, 2021. (Ex. 4, p. 3).
4. MassHealth will only pay for retainers within the two-year time frame after removal of the braces. (Ex. 1; Ex. 4, pp. 3, 6).

## Analysis and Conclusions of Law

MassHealth pays for orthodontic case completion for comprehensive orthodontic treatment which includes the removal of appliances, construction and placement of retainers and follow-up visits. (130 CMR 420.431(C)(5)). MassHealth pays for the replacement of lost or broken retainers with prior authorization. (*Id.*). Retention is reimbursed separately and includes removal of appliances (de-banding), construction and delivery of retainers, and follow up visits. (MassHealth Dental Program Office Reference Manual<sup>1</sup> (ORM), § 16.3). For both maxillary and mandibular retainers, MassHealth pays for replacement retainers only during the two-year retention period following orthodontic treatment. (ORM, Addendum D, Exhibit A).

The record shows that the appellant's braces were removed on September 13, 2018. The rules state that MassHealth will only for replacement retainers during the two-year retention period following orthodontic treatment. The appellant's retention period ended on or around September 13, 2020. The record shows that the appellant's provider submitted the prior authorization request for new maxillary and mandibular retainers on July 19, 2021. MassHealth correctly denied the request for new maxillary and mandibular retainers because it was submitted after the two-year retention period ended.

## Order for MassHealth

None.

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<sup>1</sup> Instructions for submitting a request for prior authorization for Current Dental Terminology (CDT) codes are described in the MassHealth Dental Program Office Reference Manual. (130 CMR 420.410(C)(2)).

## 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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

cc: DentaQuest