

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2201628
Decision Date:	5/09/2022	Hearing Date:	04/13/2022
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Harold Kaplan



*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:	Orthodontics
Decision Date:	5/09/2022	Hearing Date:	04/13/2022
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The appellant received a notice dated 2/23/22 stating: MassHealth has denied your request for full orthodontic treatment (130 CMR 420.431(E)(1) and Exhibit 1). The appellant filed this appeal timely on 3/2/22 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for full orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that appellant is not eligible for full orthodontic treatment.

Summary of Evidence

MassHealth was represented by a licensed orthodontist who stated the appellant requested prior authorization for full orthodontic treatment, procedure code D8080 which is authorized for children under the age of 21 only when there is evidence of a severe and handicapping malocclusion (Exhibit 1). The orthodontist testified that the appellant's request was denied because the appellant is over the age of 21 and orthodontics are not a covered service for anyone over the age of 21.

The appellant testified that she has a low income and pain in her jaw and cannot afford to pay for

braces herself.

Findings of Fact

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

1. MassHealth was represented by a licensed orthodontist.
2. The appellant requested prior authorization for full orthodontic treatment, procedure code D8080.
3. The appellant's request was denied because the appellant is over the age of 21.
4. Orthodontics are not a covered service for anyone over the age of 21.

Analysis and Conclusions of Law

While the appellant's dental condition may benefit from orthodontic treatment the requirements of 130 CMR 420.431(A) are clear and unambiguous.

130 CMR 420.431: Service Descriptions and Limitations: Orthodontic Services

- (A) **General Conditions.** The MassHealth agency pays for orthodontic treatment, subject to prior authorization, service descriptions and limitations as described in 130 CMR 420.431. The provider must seek prior authorization for orthodontic treatment and begin initial placement and insertion of orthodontic appliances and partial banding or full banding and brackets **prior to the member's 21st birthday.**

(emphasis added)

130 CMR 420.421 governs the authorization of covered and noncovered services. This regulation states that MassHealth will not authorize the payment for services not listed in Subchapter 6 of the MassHealth Provider Manual for Dental Services.¹

Per the MassHealth Provider Manual, Subchapter 6 and the "MassHealth Dental Program Office Reference Manual," the procedure code D8080 is not a covered service for members over the age of 21.² Based on the evidence MassHealth was within regulatory authority in denying the appellant's prior authorization request for procedure code D8080, full orthodontic treatment.

¹ 130 CMR 420.421: Covered and Noncovered Services: Introduction (A) Medically Necessary Services. The MassHealth agency pays for the following dental services when 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. *See also* Commonwealth of Massachusetts MassHealth Provider Manual Series, Dental Services, Subchapter 6. Service Codes (Jan. 1, 2022), <https://www.mass.gov/files/documents/2022/01/14/sub6-den.pdf>.

² MassHealth Dental Program Office Reference Manual (Jun. 1, 2022), <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>

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.

Christine Therrien
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA