

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2302204
Decision Date:	6/9/2023	Hearing Date:	04/19/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:

Via telephone

 Father

Appearance for MassHealth:

Via telephone

Dr. David Cabeceiras, D.M.D.

Interpreter: Katusca



*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:	Orthodontic services
Decision Date:	6/9/2023	Hearing Date:	04/19/2023
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	Father
Hearing Location:	Quincy Harbor South 1 (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 25, 2023, MassHealth denied the Appellant's request for prior authorization for orthodontic treatment. (Exhibit 1). The Appellant filed this appeal in a timely manner on February 9, 2023. (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 coverage of orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant does not meet the MassHealth requirements for coverage of orthodontic treatment.

Summary of Evidence

The Appellant is a child and was represented at the hearing by her father, who testified through an

interpreter. MassHealth was represented telephonically by an orthodontic consultant with DentaQuest, the contracted agent of MassHealth that makes the dental prior authorization determinations. On or about January 25, 2023, the Appellant's orthodontic provider submitted a request for prior authorization for orthodontic treatment on behalf of the Appellant. (Exhibit 6, p. 3). As part of this request, the Appellant's orthodontist completed an Orthodontics Prior Authorization Form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) Form and submitted these, along with photographs and x-rays of the Appellant's mouth. (Exhibit 6, pp. 7-15). The Appellant's orthodontist noted that a medical necessity narrative would not be submitted. (Exhibit 6, p. 12).

The MassHealth representative testified that the reason that the Appellant's request for orthodontic treatment was denied is because orthodontic services are not covered under the Appellant's dental insurance coverage, MassHealth Children's Medical Security Plan. (Exhibit 6, p. 3). The MassHealth representative suggested that he contact his insurance provider.

The Appellant's representative testified that he was waiting to see if orthodontic services was covered. Further, he understands that he will need to contact MassHealth in order to see if he qualifies for a different plan that does cover orthodontic treatment.

Findings of Fact

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

1. The Appellant is a minor and MassHealth recipient. (Testimony; Exhibit 4).
2. On or about January 25, 2023, the Appellant's orthodontic provider submitted a request for orthodontic treatment on behalf of the Appellant. (Exhibit 6, p. 3).
3. On or about January 25, 2023, the Appellant's request for orthodontic treatment was denied because orthodontic services are not covered under the Appellant's current dental insurance plan. (Testimony; Exhibit 6, p. 3).

Analysis and Conclusions of Law

The regulation regarding MassHealth Children's Medical Security Plan (CMSP) can be found at 130 CMR 522.004 which states in pertinent part as follows:

....

- (G) Benefits Provided. Benefits covered are described at M.G.L. c. 118E § 10F. Included benefits are
- (1) preventative pediatric care;
 - (2) sick visits;

- (3) office visits, first-aid treatment, and follow up care;
 - (4) provision of smoking prevention educational information and materials to the parent, guardian, or the person with whom the enrollee resides, as distributed by the Department of Public Health;
 - (5) prescription drugs up to \$ 200 per state fiscal year;
 - (6) urgent care visits, not including emergency care in a hospital outpatient or emergency department;
 - (7) outpatient surgery and anesthesia that is medically necessary for the treatment of inguinal hernia and ear tubes;
 - (8) annual and medically necessary eye exams;
 - (9) medically necessary mental-health outpatient services, including substance-abuse treatment services, not to exceed 20 visits per fiscal year;
 - (10) durable medical equipment, up to \$ 200 per state fiscal year, with an additional \$ 300 per state fiscal year for equipment and supplies related to asthma, diabetes, and seizure disorders only;
 - (11) **dental health services, up to \$ 750 per state fiscal year, including preventative dental care, provided that no funds will be expended for cosmetic or surgical dentistry;**
 - (12) auditory screening;
 - (13) laboratory diagnostic services; and
 - (14) radiologic diagnostic services.
- ...

(130 CMR 522.004(G)).¹ (Emphasis added).

In the present case, unfortunately the Appellant's current insurance plan does not cover the requested treatment.² Therefore, this appeal is denied.³

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

¹ See, M.G.L. c. 118E, § 10F.

² A list of covered and non-covered services can also be found at <https://www.mass.gov/service-details/services-covered-under-the-childrens-medical-security-plan>.

³ This denial does not preclude the Appellant's representative from contacting his provider to see if there are alternative plans that do cover orthodontic treatment, as suggested at the hearing.

receipt of this decision.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA