Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied Appeal Number: 2303080

Decision Date: 5/18/2023 **Hearing Date:** 5/17/2023

Hearing Officer: David Jacobs

Appearances for Appellant:

Appearances for MassHealth:

Dr. Carl Perlmutter



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171

APPEAL DECISION

Appeal Decision: Denied Issue: Prior Approval for

Orthodonture

Decision Date: 5/18/2023 **Hearing Date:** 5/17/2023

MassHealth Rep.: Dr. Carl Perlmutter Appellant Rep.: Pro Se

Hearing Location: Board of Hearings

(Remote)

Authority

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

Jurisdiction

Through a notice dated March 13, 2023, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). The appellant filed a timely appeal on April 18, 2023 (130 CMR 610.015(B); Exhibit 2). Denial of a request for prior approval is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

MassHealth was represented at hearing by an orthodontic consultant from DentaQuest, the MassHealth dental contractor. The evidence indicates that the appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, together with X-rays and photographs, on March 3, 2023 (Exhibits 7 and 9). MassHealth reviewed the prior authorization request and determined that appellant is 21 years old, which is past the maximum age for MassHealth to pay for comprehensive orthodontic treatment (Exhibit 5). On March 13, 2023, MassHealth notified the appellant that the prior authorization request had been denied on this basis (Exhibit 1).

The appellant appeared at the hearing and testified on her own behalf. She confirmed that she turned 21 in October 2022 but stated that she was unaware her age precluded her from receiving comprehensive orthodontic treatment. She further testified that the state of her state makes it painful to eat and that she is concerned that her teeth will continue to get worse if not treated soon.

Findings of Fact

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

- 1. On March 3, 2023, the appellant's orthodontic provider submitted a request for MassHealth coverage of orthodontic treatment.
- 2. On March 13, 2023, MassHealth denied the prior authorization request on the basis that the appellant does not meet the age requirements for coverage.
- 3. On April 18, 2023, the appellant filed a request for a fair hearing.
- 4. The appellant turned 21 years old in October 2022.

Analysis and Conclusions of Law

Pursuant to 130 CMR 420.431(A), MassHealth pays for orthodontic treatment as follows:

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.

In this case, MassHealth denied the appellant's prior authorization request for coverage of comprehensive orthodontic treatment on the basis that the appellant is past her 21st birthday.

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As there is no dispute that the appellant was 21 years old at the time of the PA request, MassHealth's action was correct. This appeal is therefore 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.

David Jacobs Hearing Officer Board of Hearings

cc: DentaQuest

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