

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2306749
Decision Date:	10/30/2023	Hearing Date:	09/13/2023
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras for DentaQuest



*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:	Prior Authorization; Comprehensive Orthodontic Treatment
Decision Date:	10/30/2023	Hearing Date:	09/13/2023
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	
Hearing Location:	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 July 20, 2023, MassHealth denied the appellant's prior authorization request for comprehensive orthodontic treatment because MassHealth determined that the appellant exceeded his maximum benefit allowance. *See* 130 CMR 420.431(C)(3) and Exhibit 1. The appellant filed this appeal in a timely manner on August 8, 2023. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

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

Issue

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

Summary of Evidence

The appellant is a minor child who was represented telephonically at hearing by an adult family friend. MassHealth was represented by an orthodontic consultant from DentaQuest, a third-party contracted to run MassHealth's dental program. The following is a summary of the testimony and evidence provided at hearing and during the record open period:

On July 17, 2023, the MassHealth received a prior authorization request from the [REDACTED] Dental Program on behalf of the appellant requesting coverage for comprehensive orthodontic treatment. The request included x-rays, photographs, and the Handicapping Labiolingual Deviation (HLD) form but did not include a transfer of treatment form. On July 20, 2023, MassHealth denied the request, stating "Service exceeds benefit allowance. Service is limited to one per lifetime per patient." Exhibit 5 at 3. The appellant's mother, on his behalf, submitted a timely fair hearing request on August 8, 2023.

At hearing, the MassHealth representative testified that MassHealth previously paid for comprehensive orthodontic treatment for the appellant. Neither the previous approval notice nor any payment records were provided as evidence by MassHealth.¹ The MassHealth representative reported that he believes the appellant otherwise qualifies for coverage of treatment.

The appellant's representative reported that the appellant was previously approved for coverage of comprehensive orthodontic treatment in 2020, when the appellant was [REDACTED]. The family's understanding was that the appellant would only be receiving interceptive treatment, but the provider billed MassHealth for comprehensive and put brackets on the appellant's teeth. The appellant also submitted photos of his mouth from back in 2020 along with a letter from [REDACTED]. The letter reported that such treatment was not appropriate for the appellant at the time and that there were wires and brackets missing. See Exhibit 6 at 2-3. The appellant's representative reported that the family was afraid to return to the initial provider after their experience and that they only went to one or two appointments at that office.

Findings of Fact

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

1. The appellant is a MassHealth member under the age of 21. Exhibit 4.
2. On July 17, 2023, the appellant's provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form,

¹ The appellant provided a copy of the previous approval notice. See Exhibit 6 at 4-5. No payment records were introduced into evidence.

photographs, and x-rays. Exhibit 5.

3. On July 20, 2023, MassHealth denied the appellant's prior authorization request, as MassHealth records indicated that the appellant has already received coverage of comprehensive orthodontic treatment in his lifetime. Testimony, Exhibit 2 at 2.

4. The appellant previously received prior authorization for comprehensive orthodontic treatment with a different provider. He started his treatment with that provider, which MassHealth paid for, but his family was displeased with the service they were receiving and ceased treatment. Testimony.

5. The prior authorization request submitted on July 17, 2023, was from a different provider, and there is no evidence in the record that the provider submitted the transfer paperwork required by the regulations. Testimony, Exhibit 5 at 6.

6. The appellant otherwise clinically qualifies for coverage of comprehensive orthodontic treatment. Testimony.

Analysis and Conclusions of Law

MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. (130 CMR 420.410(A)(1)). 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 MassHealth.

130 CMR 450.204(A). Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420.000 and in the MassHealth *Dental Manual*. Specifically, 130 CMR 420.431(C)(3) states, in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, only once per member per lifetime for a member younger than 21 years old and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a

malocclusion is handicapping based on clinical standards for medical necessity as described in Appendix D of the *Dental Manual*.

Thus, MassHealth typically only pays for treatment once per member in their lifetime, coverage of which is subject to prior authorization.

MassHealth allows members to “transfer from one orthodontic provider to another for orthodontic services subject to prior authorization to determine the number of visits remaining...Providers must submit requests using the form specified by MassHealth.” *Id.* at 420.431(C)(7).

Here there is no dispute that the appellant both meets the medical necessity requirements and was previously approved for prior authorization of treatment.² At issue then is whether the appellant’s treatment was properly transferred from the first provider to the second. Although the appellant provides sympathetic evidence that the initial orthodontist provided inappropriate and inadequate treatment back in 2020, MassHealth still paid for that treatment and was not notified that treatment had ceased. In fact, the evidence shows that MassHealth was not notified of any issues regarding the previous treatment until this appeal. The proper avenue to receive coverage of subsequent treatment would have been to work with MassHealth in stopping payment of treatment and then transferring care to another provider.

There is no evidence in the record that the second provider submitted the proper transfer paperwork as required by 130 CMR 420.431(C)(7). As a provider who accepts MassHealth, the provider should be familiar both with their patient’s clinical history and the requisite MassHealth regulations. It was therefore the second provider’s responsibility to ensure that the correct prior authorization paperwork was submitted, and there is no evidence that the provider did so.

For those reasons, MassHealth was within its discretion to deny the appellant’s request for prior authorization. The appeal is denied.

The appellant is permitted to contact the second orthodontist to submit the proper transfer paperwork, provided that the appellant has not exceeded his treatment period of three years. See 130 CMR 420.431(3).

² MassHealth, and DentaQuest as its agent, should take note that the Fair Hearing Rules require them to provide any and all evidence upon which a decision is made. See 130 CMR 610.062(A). In the future, any denial because a member exceeded their maximum benefit allowance should be accompanied by the previous approval notice and proof of payment at hearing.

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.

Mariah Burns
Hearing Officer
Board of Hearings

CC:
MassHealth Representative: DentaQuest 1, MA

CC:

