

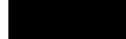
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2309717
Decision Date:	12/20/2023	Hearing Date:	11/13/2023
Hearing Officer:	Susan Burgess-Cox	Record Open to:	11/24/2023

Appearance for Appellant:

 (mother)

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:	Prior Authorization
Decision Date:	12/20/2023	Hearing Date:	11/13/2023
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Mother
Hearing Location:	The Hearing was Held via Video Conference	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 August 23, 2023, MassHealth denied appellant's prior authorization request for comprehensive orthodontic treatment. (Exhibit 1). The Board of Hearings received a request for hearing on October 15, 2023. (130 CMR 610.015). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

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

Issue

Whether MassHealth was correct in denying the appellant's prior authorization request for comprehensive orthodontic treatment.

Summary of Evidence

The MassHealth representative, a licensed orthodontist, testified that the appellant began orthodontic treatment at least three years ago and the appellant's current provider submitted a request to continue care for 2 years. The MassHealth representative testified that for a continuation of orthodontic services the initial prior authorization and approval for comprehensive orthodontics(D8080/D8070) and first two (2) years of treatment visits (D8670 x 8 units) will expire 36 months from the date of the authorization. (Testimony; MassHealth Dental Manual). Providers must check the patient's eligibility on each date of service to determine whether it will be an "eligible" service date. (MassHealth Dental Manual).

Once the authorization period has expired and/or all eight (8) units of quarterly adjustments have been paid, the provider may request a second authorization if continued adjustments are necessary. (MassHealth Dental Manual). In the second authorization request, the provider may request up to four (4) additional units of treatment visits (D8670) to complete the case over a subsequent 36-month period. (MassHealth Dental Manual). In this case, the provider requested all 8 units of D8670 for a total payment of \$2,304. (Exhibit 4). MassHealth denied the provider's request for continuation of care as he did not follow the proper procedures.

The appellant's mother testified that the appellant does not currently have an orthodontist as they transferred from one orthodontist to another and the second said that they were missing information from the initial orthodontist so could not provide treatment. The appellant's mother testified that the appellant still has the appliances in her mouth and they are causing problems that require treatment from an orthodontist.

The MassHealth representative responded that the provider who submitted the prior authorization request on appeal should submit a continuation of services for one year rather than two. The record was held open to provide the appellant's mother with the opportunity to present additional evidence. No additional information was presented during the course of the record open period.

Findings of Fact

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

1. The appellant is in the process of receiving comprehensive orthodontic treatment.
2. The appellant has had orthodontic treatment for at least three years.
3. MassHealth received a request for 8 units of continued care.
4. MassHealth denied this request.

Analysis and Conclusions of Law

MassHealth pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime under the age of 21 and only when the member has a handicapping malocclusion. (130 CMR 420.031(C)(3)). MassHealth determines whether a malocclusion is handicapping based on clinical standards for medical necessity as described in Appendix D of the Dental Manual. (130 CMR 420.031(C)(3)).

Payment for comprehensive orthodontic treatment is inclusive of initial placement, and insertion of the orthodontic fixed and removable appliances (for example: rapid palatal expansion (RPE) or head gear), and records. (130 CMR 420.031(C)(3)). Comprehensive orthodontic treatment may occur in phases, with the anticipation that full banding must occur during the treatment period. (130 CMR 420.031(C)(3)). The payment for comprehensive orthodontic treatment covers a maximum period of three (3) calendar years. (130 CMR 420.031(C)(3)). MassHealth pays for orthodontic treatment as long as the member remains eligible for MassHealth, if initial placement and insertion of fixed or removable orthodontic appliances begins before the member reaches 21 years of age. (130 CMR 420.031(C)(3)).

The initial prior authorization and approval for comprehensive orthodontics(D8080/D8070) and first two (2) years of treatment visits (D8670 x 8 units) will expire 36 months from the date of the authorization. (Testimony; MassHealth Dental Manual). Providers must check the patient's eligibility on each date of service to determine whether it will be an "eligible" service date. (MassHealth Dental Manual).

Once the authorization period has expired and/or all eight (8) units of quarterly adjustments have been paid, the provider may request a second authorization if continued adjustments are necessary. (MassHealth Dental Manual). In the second authorization request, the provider may request up to four (4) additional units of D8670 to complete the case over a subsequent 36-month period. (MassHealth Dental Manual). In this case, the provider requested all 8 units of D8670 for a total payment of \$2,304. (Exhibit 4). MassHealth denied the provider's request for continuation of care as he did not follow the proper procedures and requested services beyond those allowed authorization under the current system.

Since the appellant's provider did not follow the property regulatory and procedural requirements to receive payments for the continuation of care, the decision made by MassHealth was correct.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA