

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401598
Decision Date:	04/16/2024	Hearing Date:	03/18/2024
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:



Appearance for MassHealth:

Katherine Moynihan, DMD, Orthodontic
Consultant, 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; Orthodontic Services
Decision Date:	04/16/2024	Hearing Date:	03/18/2024
MassHealth's Rep.:	Katherine Moynihan, DMD	Appellant's Rep.:	<i>Pro se</i> ; Guardian
Hearing Location:	Board of Hearings (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

On 1/3/2024, MassHealth denied Appellant's prior authorization (PA) request for comprehensive orthodontic treatment, under procedure code D8080 with periodic orthodontic visits under codes D8670. See Exhibits 1 and 5. Appellant's legal guardian and grandmother (hereinafter "Appellant's representative") filed a timely appeal of the decision on 1/31/2024. 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 Appellant's PA request for comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth correctly denied Appellant's PA request for comprehensive orthodontic treatment.

Summary of Evidence

At hearing, MassHealth was represented by Katherine Moynihan, D.M.D. a board-certified orthodontist and consultant for DentaQuest. DentaQuest is the third-party contractor that administers and manages the MassHealth dental program. According to testimony and documentary evidence presented by the MassHealth representative, Appellant is a minor child and MassHealth recipient. On 1/3/24 Appellant's orthodontic provider sent MassHealth a prior authorization (PA) request seeking coverage for comprehensive orthodontic treatment (D8080) with periodic orthodontic treatment visits (D8670). See Exh. 5, p. 4. On 1/4/24, MassHealth denied the request because the "service exceeds [the] benefit allowance" of "one time per-lifetime per-patient." Id. at 3.

At hearing, Dr. Moynihan testified that MassHealth's dental regulations limit coverage of comprehensive orthodontic treatment once per-lifetime. According to records, MassHealth previously approved Appellant for comprehensive orthodontic treatment and paid the requesting provider accordingly. As such, Appellant is not eligible to have MassHealth cover new orthodontic treatment.

The MassHealth representative indicated that because Appellant exceeded the benefit limit, MassHealth did not proceed to a substantive review as to whether Appellant's malocclusion warranted braces. It was noted, however, that the provider did not complete the HLD form when submitted the PA request. Thus, even if Appellant was not barred by the benefit limitation, the provider did not submit sufficient documentation to otherwise demonstrate Appellant met medical necessity standards for MassHealth coverage of orthodontic treatment.

Appellant's representative appeared at hearing and testified that the braces which MassHealth initially covered were put on by Appellant's then-orthodontic provider in January 2021. Because of Appellant's medical diagnoses, cooperation level, and history of severe trauma, the orthodontist put braces on through slow incremental increases, rather than all at once. At the time the braces were put on, the orthodontist did not explain that Appellant would have a second tooth come in. In July of 2023, the provider removed Appellant's braces, before treatment had been completed. Appellant subsequently had his wisdom teeth removed.

Appellant's representative requested that MassHealth consider re-approving Appellant for orthodontic treatment, noting that Appellant has since improved his functional ability to perform oral hygiene skills necessary for maintaining braces. In support thereof, the representative submitted a letter into evidence by Appellant's Applied Behavior Analysis (ABA) specialist dated 3/4/24. See Exh. 4. According to the ABA specialist, Appellant had braces at the outset of treatment and was only brushing once-per day and was not flossing or using mouthwash due to difficulty with fine motor skills. Id. Although Appellant's oral hygiene skills were improving, his provider had his braces removed. The specialist indicated that through continued intervention, Appellant is currently fully compliant and cooperative with oral hygiene tasks and demonstrates no resistance or refusal to completing the routine. Id. On such

grounds, the ABA specialist supported the request for the requested orthodontic treatment. Id.

Findings of Fact

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

1. In or around January of 2021, MassHealth approved Appellant for comprehensive orthodontic treatment and paid the requesting provider for the service, accordingly.
2. In or around July of 2023, Appellant's then-orthodontic provider removed Appellant's braces before orthodontic treatment was completed.
3. On 1/3/24, Appellant's current orthodontic provider sent MassHealth a PA request seeking coverage for comprehensive orthodontic treatment.
4. On 1/4/24, MassHealth denied the request because Appellant had exceeded MassHealth's benefit allowance of the service once per-lifetime per-patient.

Analysis and Conclusions of Law

This appeal addresses whether MassHealth correctly denied Appellant's prior authorization (PA) request for D8080 *comprehensive orthodontic treatment*. MassHealth covers the cost of medically necessary dental services for its members, subject to the service descriptions and limitations set forth in its regulations. See 130 CMR 420.425. MassHealth regulations governing coverage of orthodontic treatment states, in relevant part, the following:

The MassHealth agency 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. 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.

See 130 CMR 420.431(C)(3) (emphasis added).

Subchapter 6 of the MassHealth Dental Manual, which is incorporated by reference into the regulations, provides a list of the Current Dental Terminology (CDT) service codes MassHealth pays for, as well as a description of those codes and the applicable PA requirements. According to Subchapter 6, CDT procedure code D8080 - at issue in this appeal - is covered for members under 21 years of age "***once per lifetime.***"¹ See MassHealth Dental Manual Subchapter 6, § 612

¹ Specifically, these sources indicate that MassHealth pays for only ***one of*** D8080, D8070, and D8090 once per-

(1/1/23); see also DentaQuest’s “Office Reference Manual” (Rev. 1/12/24), p. 102.

Here, it is undisputed that MassHealth previously approved, and paid for, comprehensive orthodontic treatment on behalf of Appellant in January of 2021. Due to factors not entirely clear, Appellant’s braces were removed in or around July of 2023. Although Appellant provided evidence of improved oral hygiene skills to maintain braces, MassHealth will not cover the requested service as it exceeds the program’s once-per lifetime program limit for comprehensive oral treatment. See 130 CMR 420.431(C)(3). Therefore, MassHealth did not err in issuing the 1/4/24 denial.

Based on the foregoing, 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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA

member per-lifetime. Id.