

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2402859
Decision Date:	5/3/2024	Hearing Date:	03/25/2024
Hearing Officer:	Christopher Jones	Record Open to:	04/15/2024

Appearance for Appellant:
Pro se



Appearance for MassHealth:
Dr. Katherine Moynihan



*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; Orthodontia; Lifetime Limit
Decision Date:	5/3/2024	Hearing Date:	03/25/2024
MassHealth's Rep.:	Dr. Katherine Moynihan	Appellant's Reps.:	Pro se; [REDACTED]
Hearing Location:	Telephonic	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 February 7, 2024, MassHealth denied the appellant's prior authorization request for comprehensive orthodontic treatment because MassHealth had already paid for such treatment on the appellant's behalf. (See Exhibits 1; 3.) The appellant filed this appeal in a timely manner on February 23, 2024. (Exhibit 1; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the appellant's request for comprehensive orthodontic treatment because MassHealth had already paid for the appellant to receive such treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431 and 420.408, in denying the appellant's prior authorization request.

Summary of Evidence

On or about February 2, 2024, Dr. Gayatri Horowitz submitted a prior authorization request on the appellant's behalf, requesting payment for "comprehensive orthodontic treatment of the adolescent dentition" (code D8080) and eight "periodic orthodontic treatment visits" (code D8670). Along with photographs and X-rays, the provider submitted a Handicapping Labio-Lingual Deviations ("HLD") Form. The appellant's orthodontist identified the appellant as having "impactions where eruption is impeded but extraction is not indicated," but otherwise found an HLD Score of 20. (Exhibit 3, pp. 6-14.) The appellant is covered by the MassHealth Family Assistance benefit. (Exhibit 4.)

Dr. Moynihan, the MassHealth representative, agreed that the appellant continues to have the auto-qualifying condition of impaction where extraction is not indicated. However, Dr. Moynihan testified that MassHealth approved the appellant for comprehensive orthodontic treatment with Dr. Neha Patel on March 29, 2023, and already made payment on code D8080 on the appellant's behalf.

The appellant testified that after she was approved for braces with Dr. Patel at [REDACTED] Dental, she was scheduled to have her braces put on sometime around April 18, 2023. However, when she went in, she met with a hygienist who put on four brackets, and her family was told that Dr. Patel would be going out on leave for four months. The appellant's parents were told to sign some papers, and then they were sent home because the appellant needed to get extractions done. They were given an appointment for two months later. The appellant had a tooth extracted on May 15, 2023, and one of the brackets came off during the extraction. Following the extraction, the appellant's gums swelled up enough to impinge upon the other brackets. This caused a great deal of pain, but she was unable to reach [REDACTED] Dentistry to get guidance as to what to do about the pain from the brackets. Out of desperation, the appellant went to a different orthodontist to have the remaining brackets removed.

When the appellant went back to [REDACTED] Dentistry, her family was told it was wrong to have removed the brackets. The office did not understand why they removed the brackets, but instead of putting the brackets back on, they just scheduled the appellant for another appointment a month later. When the appellant went back, her family was taken into a back office and told that they would need to make another appointment to come back, and that they would still not start treatment. The appellant did not understand why the brackets were put on before the extractions were done, but someone in [REDACTED] Dentistry told them that the brackets are put on to keep the customer coming for a longer time, so that they can bill more. After coming back for a third visit at which the appellant was not treated, [REDACTED] Dentistry told the appellant they would need to continue treatment at an affiliated office that was further away. Ultimately, the appellant was no longer comfortable working with [REDACTED] Dentistry or any of their affiliated offices, so they tried to change providers.

Dr. Moynihan asked for the opportunity to check on what process the appellant should take to move forward with Dr. Horowitz. The appellant was informed that DentaQuest has a “grievance” form that can be submitted when they feel a provider has treated them improperly, and that DentaQuest will reach out to the provider and attempt to resolve any dispute between them.¹ The appellant was informed that process was not reviewable at the Board of Hearings, and that she could pursue it while her appeal decision was pending.

Dr. Moynihan responded that the appellant was not eligible to have a new provider bill a “banding fee” (code D8080) until the first provider returned the payment to MassHealth. DentaQuest can help facilitate this refunding through the grievance process. Otherwise, Dr. Horowitz was welcome to file a claim for “continuation of care,” or procedure code D8670, but she would not be paid for the initiation of comprehensive orthodontic treatment unless or until [REDACTED] Dentistry returned the original payment to MassHealth.

Findings of Fact

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

- 1) On or around March 29, 2023, MassHealth approved the appellant for comprehensive orthodontic treatment with Dr. Patel (Exhibits 1; 3.)
- 2) MassHealth paid Dr. Patel and [REDACTED] Dental for the procedure D8080 on behalf of the appellant. (Testimony by Dr. Moynihan; see also Exhibits 3; 5.)
- 3) The appellant has many complaints regarding the care she received from [REDACTED] Dental, and she is unwilling to continue receiving care from [REDACTED] Dental or any affiliated offices. (Testimony by the appellant.)
- 4) On or around February 2, 2024, a new orthodontist submitted a prior authorization request on the appellant’s behalf seeking payment for procedure code D8080. (Exhibit 3.)
- 5) MassHealth denied this claim because it already paid for procedure code D8080 on the appellant’s behalf. (Exhibit 3; testimony by Dr. Moynihan.)
- 6) The appellant continues to have impacted teeth that make her eligible for comprehensive orthodontic treatment under the HLD system. (Testimony by Dr. Moynihan.)
- 7) The appellant is covered by MassHealth Family Assistance coverage. (Exhibit 4.)

¹ A grievance or complaint can be filed with DentaQuest by calling 1-833-479-0687, or by using the “MassHealth Member Dental Complaint Form,” available at <https://www.masshealth-dental.net/MassHealth/media/Docs/Member-Complaint-Form.pdf> (last visited April 18, 2024).

Analysis and Conclusions of Law

MassHealth covers orthodontic services when it determines them to be medically necessary. (130 CMR 420.431.) Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000, and the MassHealth Dental Manual.² (130 CMR 450.204.)

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, **once per member per lifetime** 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. Upon the completion of orthodontic treatment, the provider must take post treatment photographic prints and maintain them in the member's dental record.

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

The appellant has already been awarded her once-per-lifetime coverage for comprehensive orthodontic treatment.³

Therefore, this appeal is DENIED.⁴

Order for MassHealth

None.

² The Dental Manual and Appendix D are available on MassHealth's website, in the MassHealth Provider Library. (Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>, last visited April 18, 2024.) Additional guidance is at the MassHealth Dental Program Office Reference Manual ("ORM"). (Available at <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>, last visited April 18, 2024.)

³ As a Family Assistance member, the appellant is not eligible for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, and 130 CMR 420.408 is inapplicable.

⁴ MassHealth may agree to cover code D8080 again if the original payment to Dr. Patel is returned to MassHealth. This is not the appropriate venue for the appellant's complaints against [REDACTED] Dental and/or Dr. Patel. The appellant may make complaints regarding the original provider to DentaQuest as described above, or raise her concerns to the Board of Registration in Dentistry.

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.

Christopher Jones
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA