

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Remand	Appeal Number:	2415994
Decision Date:	2/5/2025	Hearing Date:	12/04/2024
Hearing Officer:	Emily Sabo	Record Open to:	01/03/2025

Appearances for Appellant:



Appearance for MassHealth:

Dr. Harold Kaplan, DentaQuest consultant



*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

<b>Appeal Decision:</b>	Remand	<b>Issue:</b>	Prior Authorization; Dental Services; Orthodontic Services
<b>Decision Date:</b>	2/5/2025	<b>Hearing Date:</b>	12/04/2024
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Rep.:</b>	Pro se with mother
<b>Hearing Location:</b>	Quincy Harbor South 1	<b>Aid Pending:</b>	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 October 7, 2024, MassHealth denied the Appellant's request for prior authorization for comprehensive orthodontic treatment on the basis that he had exceeded the benefit allowance because the service is limited to once per lifetime per patient. 130 CMR 420.431 and Exhibit 5. The Appellant filed this appeal in a timely manner on October 18, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied the Appellant's request for coverage of comprehensive orthodontic treatment.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the Appellant exceeded the benefit allowance for coverage of comprehensive orthodontic treatment.

### Summary of Evidence

The Appellant is [REDACTED] and he and his mother both appeared at the hearing and verified the Appellant's identity. On October 1, 2024, the Appellant's orthodontist at [REDACTED] submitted a request for prior authorization for orthodontic treatment on behalf of the Appellant. As part of this request, the Appellant's orthodontist completed an Orthodontics Prior Authorization form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) form, and submitted these, along with photographs and X-rays of the Appellant's mouth. Exhibit 5. The Appellant's orthodontist indicated that the Appellant had an auto qualifying condition of an anterior crossbite of 3 or more maxillary teeth per arch and calculated an HLD score of 27, based on 2 points for overjet, 3 points for overbite, 20 points for mandibular protrusion (for 4 teeth), and 2 points for labio-lingual spread. *Id.* at 8.<sup>1</sup>

At the hearing, MassHealth was represented by an orthodontist consultant with DentaQuest, the contracted agent of MassHealth that makes dental prior authorization determinations. The MassHealth representative testified that he would find that the Appellant had an auto qualifying condition of a crossbite of 3 or more teeth. The MassHealth representative explained that MassHealth had denied the request for treatment because the Appellant had received orthodontic treatment before and there is a once-per-lifetime limit on the benefit.

The Appellant testified that he had received treatment several years before from [REDACTED] [REDACTED]. The Appellant testified that he was concerned about the treatment he received and that the braces were removed prematurely. The Appellant testified that that his current provider has expressed that Appellant needs treatment and that without it, he may need further intervention and surgery.

The record was held open until December 18, 2024 for MassHealth to provide information on whether comprehensive orthodontic treatment was completed for the Appellant and when, and if MassHealth paid for the full comprehensive orthodontic benefit. Exhibit 10. The record was held open until January 3, 2025 for the Appellant's response. *Id.* On January 30, 2025, the MassHealth representative responded that "I have been informed that the Dental Director and Amy Nolan have looked into the case and since [the Appellant] had already received comprehensive orthodontic treatment which is a Once in a Lifetime Benefit, he is no longer eligible for more orthodontic therapy." Exhibit 11.

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<sup>1</sup> The Appellant also submitted for the record an HLD form from provider [REDACTED] dated [REDACTED] 2024, which states that the Appellant has two auto qualifying conditions: an anterior crossbite of 3 or more maxillary teeth per arch, and impaction where eruption is impeded. [REDACTED] also assessed a score of 30 points based on 3 points for overjet, 2 points for overbite, 15 points for mandibular protrusion (for 3 teeth), 4 points for anterior crowding, and 6 points for posterior impactions (for 2 teeth). Exhibit 9. [REDACTED] is an Orthodontics candidate at the Harvard [REDACTED] who first met with the Appellant, but referred the Appellant to [REDACTED] because she did not accept MassHealth. Exhibits 6 & 8. Accordingly, it does not appear that [REDACTED] ever submitted the HLD form to MassHealth for a prior authorization determination.

## Findings of Fact

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

1. The Appellant's orthodontic provider submitted a request for orthodontic treatment on behalf of the Appellant (Testimony; Exhibit 5).
2. The Appellant's orthodontic provider completed an Orthodontic Prior Authorization form and an HLD form and submitted these to DentaQuest, along with photographs and X-rays of the Appellant's mouth (Exhibit 5).
3. The Appellant's orthodontic provider calculated an HLD score of 27, and made a finding that the Appellant had an auto qualifying condition of an anterior crossbite of 3 or more maxillary teeth per arch (Exhibit 5 at 8).
4. The MassHealth representative agreed that the Appellant has an auto qualifying condition of an anterior crossbite of 3 or more maxillary teeth per arch (Testimony).
5. MassHealth denied the prior authorization request on the grounds that the Appellant had already received services and that comprehensive orthodontia is a once in a lifetime benefit (Testimony; Exhibit 5).

## Analysis and Conclusions of Law

As a rule, MassHealth and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. See 130 CMR 420.410; 130 CMR 450.204. In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq, covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 420.421 through 130 CMR 420.456.

The MassHealth regulations at 130 CMR 420.421(A) state:

(A) Medically Necessary Services. The MassHealth agency pays for the following dental services when medically necessary:

- (1) the services with codes listed in Subchapter 6 of the *Dental Manual*, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456; and
- (2) all services for EPSDT-eligible members, in accordance with 130 CMR 450.140 through 450.149, without regard for the service limitations described in 130 CMR 420.422 through 420.456, or the listing of a code in Subchapter 6. All such services are available to EPSDT-

eligible members, with prior authorization, even if the limitation specifically applies to other members younger than 21 years old.

130 CMR 420.421(A).

The MassHealth regulations at 130 CMR 420.431 provide service descriptions and limitations for orthodontic services. As relevant to comprehensive orthodontic requests, the regulation provides:

420.431: Service Descriptions and Limitations: Orthodontic Services

(A) General Conditions. 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.

(B) Definitions.

(1) Pre-orthodontic Treatment Examination. Includes the periodic observation of the member's dentition at intervals established by the orthodontist to determine when orthodontic treatment should begin.

(2) Interceptive Orthodontic Treatment. Includes treatment of the primary and transitional dentition to prevent or minimize the development of a handicapping malocclusion and therefore, minimize or preclude the need for comprehensive orthodontic treatment.

(3) Comprehensive Orthodontic Treatment. Includes a coordinated diagnosis and treatment leading to the improvement of a member's craniofacial dysfunction and/or dentofacial deformity which may include anatomical and/or functional relationship. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances. Comprehensive orthodontics may incorporate treatment phases, including adjunctive procedures to facilitate care focusing on specific objectives at various stages of dentofacial development.

(4) Orthodontic Treatment Visits. Periodic visits which may include, but are not limited to, updating wiring, tightening ligatures or otherwise evaluating and updating care while undergoing comprehensive orthodontic treatment.

(C) Service Limitations and Requirements.

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(3) Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, 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*. Upon the completion of orthodontic treatment, the provider must take post treatment photographic prints and maintain them in the member's dental record. The MassHealth agency pays for the office visit, radiographs and a record fee of the pre-orthodontic treatment examination (alternative billing to a contract fee) when the MassHealth agency denies a request for prior authorization for comprehensive orthodontic treatment or when the member terminates the planned treatment. The payment for a pre-orthodontic treatment consultation as a separate procedure does not include models or photographic prints. The MassHealth agency may request additional consultation for any orthodontic procedure. 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. Comprehensive orthodontic treatment may occur in phases, with the anticipation that full banding must occur during the treatment period. The payment for comprehensive orthodontic treatment covers a maximum period of three calendar years. The MassHealth agency 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. Comprehensive orthodontic care should commence when the first premolars and first permanent molars have erupted. It should only include the transitional dentition in cases with craniofacial anomalies such as cleft lip or cleft palate. Comprehensive treatment may commence with second deciduous molars present. Subject to prior authorization, the MassHealth agency will pay for more than one comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies to the extent treatment cannot be completed within three years.

130 CMR 420.431(A); (B); (C)(3).

Here, MassHealth has denied the Appellant's request due to him already receiving the benefit once per lifetime. 130 CMR 420.431(C)(3). However, MassHealth has not provided details on the dates of the previous treatment, and whether all quarters were billed, such that comprehensive treatment was completed, nor has it provided any record as to why the bands and braces were removed. Therefore, I am remanding the matter to MassHealth, to determine whether the Appellant is eligible for any further orthodontic benefits that were not completed during the initial episode of treatment, particularly as the appellant continues to have a handicapping malocclusion. As appropriate, MassHealth may also seek records and recoupment from the original provider under 130 CMR 450.205 and 206, *et seq.*

## **Order for MassHealth**

Determine whether the Appellant is eligible for any further orthodontic benefits based on when prior treatment occurred, and if all quarters were billed, such that comprehensive treatment was not completed, and locate any record as to why the bands and braces were removed, particularly as the Appellant continues to have a handicapping malocclusion.

## **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.

## **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

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Emily Sabo  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA