

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500293
Decision Date:	03/13/2025	Hearing Date:	02/19/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras, 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:	03/13/2025	Hearing Date:	02/19/2025
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	██████████
Hearing Location:	Quincy Harbor South 2	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 November 25, 2024, MassHealth denied the Appellant's request for prior authorization for comprehensive orthodontic treatment on the basis that she had exceeded the benefit allowance because the service is limited to once per lifetime per patient. 130 CMR 420.431 and Exhibits 1 and 5. The Appellant's representative filed this appeal in a timely manner on January 3, 2025. 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

On November 15, 2024, the Appellant's orthodontist 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 spacing of 10 mm. or more and calculated an HLD score of 28, based on 5 points for overjet, 3 points for overbite, and 20 points for labio-lingual spread. *Id.* at 7.

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 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 is a minor and she was represented at the hearing by her mother. The Appellant's mother verified the Appellant's identity. The Appellant's mother testified that the Appellant had braces applied prior to the Covid-19 pandemic, but due to the pandemic, the dental clinic closed, and the Appellant did not have interim appointments. After a year, the clinic said they no longer accepted MassHealth and removed the braces. The Appellant's mother testified that she found another dental provider who accepted MassHealth and that is the orthodontist who submitted the November 15, 2024 prior authorization request. The Appellant's mother testified that she is concerned that the Appellant's teeth hurt when having cold food and beverages. The Appellant's mother testified that the Appellant needs treatment and cannot afford to pay for it out of pocket.

The MassHealth representative said that because the Appellant had received the initial service elsewhere, the Appellant's provider could submit a request for a different orthodontic service code for continuation of care.

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 on November 15, 2024 (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 28, and made a finding that the Appellant had an auto qualifying condition of spacing of 10 mm. or more (Exhibit 5 at 7).

4. MassHealth denied the prior authorization request by notice dated November 25, 2024 on the grounds that the Appellant had already received such 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.

...

(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 denied the Appellant's request due to her having already received the benefit once per lifetime. 130 CMR 420.431(C)(3). The Appellant's representative did not dispute that the Appellant previously received braces. I am sorry that the Appellant is experiencing pain in her teeth. However, the Appellant has not demonstrated that MassHealth erred in denying the request for prior authorization, and the appeal is denied.¹

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

¹ As the MassHealth representative mentioned at hearing, the Appellant's provider is welcome to submit a request for continuation of care to see if the Appellant is eligible for any further orthodontic benefits that were not completed at the initial episode of treatment.

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Emily Sabo
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA