

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2155518
Decision Date:	9/27/2021	Hearing Date:	09/13/2021
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:
Via telephone:



Appearance for MassHealth:
Via telephone:
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 - Orthodontics
Decision Date:	9/27/2021	Hearing Date:	09/13/2021
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	██████████
Hearing Location:	Quincy Harbor South		

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 July 8, 2021, MassHealth denied the appellant's prior authorization request for interceptive orthodontic treatment (Exhibit 1). The appellant filed this appeal in a timely manner on August 5, 2021 (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 the appellant's prior authorization request for interceptive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant is not eligible for interceptive orthodontic treatment.

Summary of Evidence

MassHealth was represented at hearing via telephone by Dr. Harold Kaplan, an orthodontic consultant from DentaQuest. DentaQuest is the third-party company that currently administers and manages the dental program available to MassHealth members, including the appellant. The appellant was represented via telephone by her mother.

Dr. Kaplan indicated that on July 6, 2021, MassHealth received a prior authorization request from the appellant's orthodontic provider requesting interceptive orthodontic treatment for a Class III tendency, anterior open bit and thrusting, and deficient maxilla. On July 8, 2021, MassHealth denied appellant's request for interceptive orthodontic treatment. The MassHealth representative testified that interceptive orthodontic treatment is appropriate for a member who has both primary and permanent teeth and whose dentition is not fully developed yet; however, MassHealth only covers it for a very limited number of conditions. Those limited conditions include:

- a. Two or more teeth numbers 6 through 11 in crossbite with photographic evidence documenting 100% of the incisal edge in complete overlap with opposing tooth/teeth;
- b. Bilateral crossbite of teeth numbers 3, 14 and 19,30 with photographic evidence documenting cusp overlap completely in fossa, or completely buccal-lingual of opposing tooth;
- c. Bilateral crossbite of teeth number A,T and J,K with photographic evidence documenting cusp overlap completely in fossa, or completely buccal or lingual of opposing tooth;
- d. Crowding with radiographic evidence documenting current bony impaction of teeth numbers 6 through 11 or teeth numbers 22 through 27 that requires either serial extraction(s) or surgical exposure and guidance for the impacted tooth to erupt into the arch;
- e. Crowding with radiographic evidence documenting resorption of 25% of the root of an adjacent permanent tooth.

The MassHealth orthodontist testified that none of the above conditions are present in the appellant. He acknowledged that the appellant has the conditions alleged by her orthodontist, but she does not qualify for interceptive treatment because MassHealth does not approve interceptive treatment for those conditions. As a result, the MassHealth orthodontist concluded that MassHealth could not approve the interceptive orthodontic treatment requested by her provider.

The appellant's mother testified that her daughter's orthodontist told her orthodontic treatment was necessary to prevent further damage to her daughter's jaw. Additionally, the appellant cannot close her mouth all the way and her teeth do not touch when she closes her mouth. As a result, it affects how she talks, which affects her at school. Her pediatrician recommended orthodontic treatment as well. The appellant's mother stated that a speech therapist at school examined her daughter and determined that even with speech therapy, the appellant's speech would not improve without addressing her teeth because her teeth are stopping the appellant from pronouncing words correctly.

Dr. Kaplan responded that the x-rays and photographs submitted were from April 2021 and the orthodontist could take new images that would be covered by MassHealth every six months. He felt that the appellant was young and a few more teeth still needed to erupt. When those teeth do erupt, it could help the appellant get approval. The appellant's provider did not provide a medical necessity narrative as required. Additionally, he suggested that with the appellant's next request for prior authorization, a medical necessity narrative from a qualified professional, such as a speech therapist or the appellant's pediatrician (not her orthodontist), would strengthen a prior authorization request.

Findings of Fact

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

1. On July 6, 2021, MassHealth received a prior authorization request for interceptive orthodontic care from the appellant's orthodontic provider on her behalf (Testimony and Exhibit 4).
2. On July 8, 2021, MassHealth denied the request for interceptive orthodontic treatment (Exhibits 1 and 4).
3. The appellant is under 21 years of age and was represented at hearing via telephone by her mother (Exhibit 4).
4. At hearing on September 13, 2021, a MassHealth orthodontic consultant reviewed the provider's paperwork, confirming the MassHealth denial and indicating that there is no medical necessity for interceptive orthodontic treatment at this time (Testimony).
5. The appellant does not have any of the following situations:
 - a. Two or more teeth numbers 6 through 11 in crossbite with photographic evidence documenting 100% of the incisal edge in complete overlap with opposing tooth/teeth;
 - b. Bilateral crossbite of teeth numbers 3, 14 and 19,30 with photographic evidence documenting cusp overlap completely in fossa, or completely buccal-lingual of opposing tooth;
 - c. Bilateral crossbite of teeth number A,T and J,K with photographic evidence documenting cusp overlap completely in fossa, or completely buccal or lingual of opposing tooth;
 - d. Crowding with radiographic evidence documenting current bony impaction of teeth numbers 6 through 11 or teeth numbers 22 through 27 that requires either serial extraction(s) or surgical exposure and guidance for the impacted tooth to erupt into the arch;
 - e. Crowding with radiographic evidence documenting resorption of 25% of the root of an adjacent permanent tooth.
6. The appellant has speech issues, but the prior authorization did not include a medical necessity narrative from the appellant's orthodontic provider or another qualified clinician (Testimony and Exhibit 4).

Analysis and Conclusions of Law

130 CMR 420.431(D) states the following:

(D) Interceptive Orthodontic-Treatment Visits. The goal of preventive or interceptive orthodontics is to prevent or minimize a developing malocclusion with primary or mixed dentition. Use of this treatment precludes or minimizes the need for additional orthodontic treatment.

130 CMR 420.431(C)(2) describes service limitations as they pertain to interceptive orthodontics, as follows:

The MassHealth agency pays for interceptive orthodontic treatment once per member per lifetime as an extension of preventative orthodontics that may include localized tooth movement. The MassHealth agency determines if the treatment will prevent or minimize the handicapping malocclusion based on the clinical standards described in Appendix F of the Dental Manual. Interceptive orthodontic treatment may occur in the primary or transitional dentition, may include such procedures as the redirection of ectopically erupting teeth and correction of dental crossbite or recovery of space loss where overall space is inadequate. When initiated during the incipient stages of a developing problem, interceptive orthodontics may reduce the severity of the malformation and mitigate its causes. Complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions may require subsequent comprehensive orthodontic treatment.

Appendix F of the Dental Manual for MassHealth providers states that providers **must** submit a medical necessity narrative “explaining why, in the professional judgment of the requesting provider and any other involved clinician(s), interceptive treatment is medically necessary to prevent or minimize the development of a handicapping malocclusion or will preclude the need for comprehensive treatment.”

Furthermore, if any part of the requesting provider’s justification of medical necessity involves a mental, emotional, or behavioral condition; a nutritional deficiency; **a speech or language pathology**; or the presence of any other condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, then the medical necessity narrative and any attached documentation must:

- a. clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g. general dentist, oral surgeon, physician, clinical psychologist, clinical dietician, speech therapist);
- b. describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment;
- c. state the specific diagnosis or other opinion of the patient’s condition furnished by the identified clinician(s);

- d. document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made);
- e. discuss any treatments for the patient's condition (other than the comprehensive orthodontic treatment) considered or attempted by the clinician(s); and
- f. provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of comprehensive orthodontic treatment.

Appendix F of the Dental Manual also states the following:

The following is a non-exclusive list of medical conditions that may, if documented, be considered in support of a request for PA for interceptive orthodontics:

- a. Two or more teeth numbers 6 through 11 in crossbite with photographic evidence documenting 100% of the incisal edge in complete overlap with opposing tooth/teeth;
- b. Bilateral crossbite of teeth numbers 3, 14 and 19, 30 with photographic evidence documenting cusp overlap completely in fossa, or completely buccal-lingual of opposing tooth;
- c. Bilateral crossbite of teeth number A, T and J, K with photographic evidence documenting cusp overlap completely in fossa, or completely buccal or lingual of opposing tooth;
- d. Crowding with radiographic evidence documenting current bony impaction of teeth numbers 6 through 11 or teeth numbers 22 through 27 that requires either serial extraction(s) or surgical exposure and guidance for the impacted tooth to erupt into the arch;
- e. Crowding with radiographic evidence documenting resorption of 25% of the root of an adjacent permanent tooth.

The appellant, through her orthodontic provider, submitted a request for interceptive orthodontic treatment. Her provider did not assert that any of the above situations exist. The MassHealth orthodontist reviewed the appellant's documentation, including X-rays and photographs. He verified that none of the above situations exist. Additionally, no medical necessity narrative was submitted and there is nothing in the appellant's submission to show medical necessity for the interceptive orthodontic treatment. Accordingly, MassHealth correctly denied the request for interceptive orthodontic treatment.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc: DentaQuest