

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2178618

**Decision Date:** 01/12/2022

**Hearing Date:** 01/03/2022

**Hearing Officer:** Patricia Mullen

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Carl Perlmutter, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Orthodontic treatment
<b>Decision Date:</b>	01/12/2022	<b>Hearing Date:</b>	01/03/2022
<b>MassHealth's Rep.:</b>	Dr. Carl Perlmutter, DentaQuest	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Quincy Harbor South Tower		

## 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 19, 2021, MassHealth denied the appellant's request for prior authorization for interceptive orthodontic treatment because MassHealth determined that the submitted documentation did not support the medical necessity of interceptive orthodontic treatment. (see 130 CMR 420.431 and Exhibit 1). The appellant filed this appeal in a timely manner on November 15, 2021. (see 130 CMR 610.015(B) and Exhibit 2). Denial of prior approval is valid grounds for appeal. (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's request for prior approval for coverage of interceptive orthodontic treatment.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the appellant does not meet the MassHealth requirements for coverage of interceptive orthodontic treatment.

## Summary of Evidence

The appellant is a child who was represented telephonically at the hearing by his mother. MassHealth was represented telephonically at the hearing by an orthodontist consultant with DentaQuest, the contracted agent of MassHealth that makes the orthodontic prior authorization determinations. The appellant's orthodontist submitted a request for prior authorization for interceptive orthodontic treatment for the appellant on October 18, 2021. (Exhibit 5, p. 3). The appellant's orthodontist completed a Prior Authorization Request and submitted it along with photographs of the appellant's mouth. (Exhibit 5). The appellant's orthodontist wrote that the appellant has a class II malocclusion complicated by a severe excess overjet and an anterior open bite. (Exhibit 5, p. 8).

The MassHealth representative testified that interceptive treatment treats a specific problem and is not full orthodontic treatment. The MassHealth representative stated that the appellant has many baby teeth and would not qualify for full orthodontic treatment until he has more permanent dentition. The MassHealth representative testified that the submitted documentation does not meet the criteria for MassHealth coverage of interceptive treatment. The MassHealth representative testified that the criteria for MassHealth coverage of interceptive orthodontic treatment is as follows:

- Two or more teeth (6-11) in crossbite with photograph documenting 100% of the incisal edge in complete edge in complete overlap with opposing tooth/teeth.
- Deep impinging overbite
- Unilateral or bilateral crossbite of teeth 3/14 and 19/30 with photographs documenting cusp overlap completely in fossa, or completely buccal/lingual of opposing tooth.
- Unilateral or bilateral crossbite of teeth A/T and J/K with photographs documenting cusp overlap completely in fossa, or completely buccal/lingual of opposing tooth.
- Crowding with radiograph documenting current boney impaction of a tooth 6-11, 22-27, that requires either serial extractions or surgical exposure and guidance for the impacted tooth to erupt into the arch.
- Crowding with radiograph documenting resorption of 25% of the root of an adjacent permanent tooth.
- Class III malocclusion, as defined by mandibular protrusion of greater than 3.5 mm, anterior crossbite of more than 1 tooth/reverse overjet, or Class III skeletal discrepancy, or hypoplastic maxilla with compensated incisors requiring treatment at an early age with protraction facemask, reverse pull headgear, or other appropriate device.

(Exhibit 5, p. 10).

The MassHealth representative stated that that appellant does not have a crossbite, or deep impinging overbite, or mandibular protrusion. The MassHealth representative stated the

appellant has potential problems and should be re-evaluated for full orthodontic treatment once he gets more of his permanent teeth. The MassHealth representative stated that the appellant's orthodontist noted that the appellant has severe excess overjet and an open bite, neither of which is criteria for interceptive treatment. (Testimony).

The appellant's mother stated that the appellant has not lost any baby teeth since the October, 2021 submission. The appellant's mother stated that the interceptive treatment would include an expander and braces on the appellant's top front 4 teeth.

## **Findings of Fact**

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

1. The appellant's orthodontist submitted a request for prior authorization for interceptive orthodontic treatment for the appellant.
2. The appellant's orthodontist completed a Prior Authorization Request and submitted it along with photographs of the appellant's mouth.
3. The appellant does not have two or more anterior teeth in crossbite.
4. The appellant does not have unilateral or bilateral crossbite.
5. The appellant does not have a deep impinging overbite.
6. The appellant does not have crowding with boney impaction of an anterior tooth.
7. The appellant does not have crowding with 25% resorption of the root of an adjacent permanent tooth.
8. The appellant does not have a class III malocclusion or mandibular protrusion.
9. The appellant has overjet and an open bite.

## **Analysis and Conclusions of Law**

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. The pre-orthodontic treatment examination

include 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. 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. 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. Comprehensive orthodontic treatment includes the transitional and adult dentition.

(4) Orthodontic Treatment Visits. Orthodontic treatment visits are 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.

130 CMR 420.431(A), (B).

(C) Service Limitations and Requirements.

(1) Pre-orthodontic Treatment Examination. The MassHealth agency pays for a pre-orthodontic treatment examination for members younger than 21 years old, once per six (6) months per member, and only for the purpose of determining whether orthodontic treatment is medically necessary, and can be initiated before the member's twenty-first birthday. The MassHealth agency pays for a pre-orthodontic treatment examination as a separate procedure (see 130 CMR 420.413). The MassHealth agency does not pay for a pre-orthodontic treatment examination as a separate procedure in conjunction with pre-authorized ongoing or planned orthodontic treatment.

(2) Interceptive Orthodontics.

(a) The MassHealth agency pays for interceptive orthodontic treatment once per member per lifetime. The MassHealth agency determines whether the treatment will prevent or minimize a handicapping malocclusion based on the clinical standards described in Appendix F of the Dental Manual.

(b) The MassHealth agency limits coverage of interceptive orthodontic treatment to primary and transitional dentition with at least one of the following conditions: constricted palate, deep impinging overbite, Class III malocclusion including skeletal Class III cases as defined in Appendix F of the Dental Manual when a protraction facemask/reverse pull headgear is necessary at a young age, craniofacial anomalies, anterior cross bite, or dentition exhibiting results of harmful habits or traumatic interferences between erupting teeth.

(c) When initiated during the early 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. Prior authorization for comprehensive orthodontic treatment may be sought for Class III malocclusions as defined in Appendix F of the Dental Manual requiring facemask treatment at the same time that authorization for interceptive orthodontic treatment is sought. For members with craniofacial anomalies, prior authorization may separately be sought for the cost of appliances, including installation.

130 CMR 420.431(C)(1), (2).

The MassHealth representative testified that the clinical standards used by MassHealth to determine if interceptive treatment will prevent or minimize the handicapping malocclusion is based on 7 criteria. If any one of the 7 criteria is documented in the record, interceptive treatment will be approved. (Testimony). The 7 criteria are as follows:

- Two or more teeth (6-11) in crossbite with photograph documenting 100% of the incisal edge in complete edge in complete overlap with opposing tooth/teeth.
- Deep impinging overbite
- Unilateral or bilateral crossbite of teeth 3/14 and 19/30 with photographs documenting cusp overlap completely in fossa, or completely buccal/lingual of opposing tooth.
- Unilateral or bilateral crossbite of teeth A/T and J/K with photographs documenting cusp overlap completely in fossa, or completely buccal/lingual of opposing tooth.
- Crowding with radiograph documenting current boney impaction of a tooth 6-11, 22-27, that requires either serial extractions or surgical exposure and guidance for the impacted tooth to erupt into the arch.
- Crowding with radiograph documenting resorption of 25% of the root of an adjacent permanent tooth.
- Class III malocclusion, as defined by mandibular protrusion of greater than 3.5 mm, anterior crossbite of more than 1 tooth/reverse overjet, or Class III skeletal discrepancy, or hypoplastic maxilla with compensated incisors requiring treatment at an early age with protraction facemask, reverse pull headgear, or other appropriate device.

(Exhibit 5, p. 10).

The appellant has severe overjet and an anterior open bite. The appellant does not have any of the 7 criteria listed above and does not meet the MassHealth criteria for coverage of interceptive orthodontic treatment. MassHealth's action is upheld and the 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.

---

Patricia Mullen  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: DentaQuest