

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2200705
<b>Decision Date:</b>	4/12/2022	<b>Hearing Date:</b>	3/23/2022
<b>Hearing Officer:</b>	Cynthia Kopka		

**Appearance for Appellant:**




**Appearance for MassHealth:**

Dr. Carl Perlmutter



*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>	Prior authorization – orthodontia
<b>Decision Date:</b>	4/12/2022	<b>Hearing Date:</b>	03/23/2022
<b>MassHealth’s Rep.:</b>	Dr. Perlmutter	<b>Appellant’s Rep.:</b>	
<b>Hearing Location:</b>	Quincy (remote)	<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

By notice dated January 26, 2022, MassHealth denied Appellant's prior authorization request for interceptive orthodontic treatment. Exhibit 1. Appellant filed this appeal in a timely manner on January 31, 2022. Exhibit 2. 130 CMR 610.015(B). Challenging the denial of a request for assistance is a valid basis for appeal. 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for interceptive orthodontic treatment.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431(E), in determining that Appellant is ineligible for interceptive orthodontic treatment.

## Summary of Evidence

Appellant, a minor under the age of 21, was represented at hearing by a parent. The MassHealth representative, a licensed orthodontist, appeared for MassHealth on behalf of DentaQuest. DentaQuest is the third-party contractor that administers and manages the dental program available to MassHealth members. Below is a summary of each party’s testimony and the information

submitted for hearing.

Appellant's orthodontic provider ("the provider") submitted a request for prior authorization of interceptive orthodontic treatment on behalf of Appellant. The provider completed an Orthodontics Prior Authorization Form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) Form and submitted these documents with supporting photographs and x-rays to DentaQuest. Exhibit 4. The prior authorization form and a letter written by the provider indicate that the provider is seeking Phase 1 treatment, as Appellant has increased risk of maxillary trauma due to protrusive central incisors and is experiencing psycho-social issues at school by peers making fun of his teeth. *Id.* at 7, 12. Both the prior authorization form and a letter authored by the provider describe the malocclusion and treatment plan to address "Class 1 molar/canine dental malocclusion with proclined and protrusive maxillary central incisors, maxillary diastema, ectopic maxillary left lateral incisor with a high frenum attachment." *Id.* at 12.

MassHealth denied Appellant's prior authorization request for interceptive orthodontic treatment, stating that the medical necessity for treatment was not established by the documents submitted by the provider. Exhibit 1. Citing 130 CMR 420.431, the notice stated that the submitted documents did not show any of the following issues:

two or more front teeth in crossbite (crossbite is when your teeth are either closer to the cheek or to the tongue than the same top or bottom teeth when you bite down); permanent first molars or baby second molars in crossbite; front teeth that are in a position that they will not come through the gums without treatment, or you have a tooth that has started growing into the root or another tooth and you would lose your tooth if it kept growing that way.

*Id.* at 2. The notice also stated that the goal of interceptive orthodontic treatment is to "reduce the severity of the developing problem and eliminate the cause" as well as to "reduce the need for comprehensive orthodontic treatment in the future." *Id.*

The MassHealth representative testified that Appellant did not have any of the following conditions in his mouth:

- 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 or 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 or 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 3.5mm, 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 4 at 16.

The MassHealth representative testified that Appellant would not qualify for treatment because he does not have enough permanent teeth in his mouth. The x-ray showed 12 baby teeth still in the mouth. While there is no specific number of teeth Appellant would need to qualify, the MassHealth representative suggested waiting until his bicuspid or a total of four more permanent teeth grow in before seeking reevaluation. Appellant does not need to have all his permanent teeth before applying for comprehensive braces.

Appellant's parent testified that Appellant no longer has baby teeth on his top jaw, as he had some teeth pulled. There are not baby teeth where the corrective device would be installed. Appellant has a large gap between his front teeth for which classmates tease and bully him. Appellant continues to wear his mask at school due to the shame of how his teeth look. Appellant's parent is worried that Appellant will lose his love for school if he continues being mistreated by peers. Appellant's parent argued that Appellant's request should be approved and did not believe that waiting would fix the problem.

## Findings of Fact

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

1. The provider requested prior authorization for limited, or interceptive, orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form, photographs, x-rays, and a narrative. Exhibit 4.
2. The provider wrote that Appellant has increased risk of maxillary trauma due to protrusive central incisors and is experiencing psycho-social issues at school by peers making fun of his teeth. *Id.* at 7, 12.
3. The provider wrote that Appellant has a "Class 1 molar/canine dental malocclusion with proclined and protrusive maxillary central incisors, maxillary diastema, ectopic maxillary left lateral incisor with a high frenum attachment." *Id.* at 12.
4. On January 26, 2022, MassHealth denied Appellant's prior authorization request for interceptive orthodontic treatment, stating that the medical necessity for treatment was not established by the documents submitted by the provider. Exhibit 1.
5. Appellant timely appealed the denial to the Board of Hearings. Exhibit 2.

6. The MassHealth representative testified that Appellant did not have any of the following conditions in his mouth:

- 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 or 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 or 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 3.5mm, 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.

7. The MassHealth representative testified that the x-ray submitted showed 12 baby teeth in the mouth.

## **Analysis and Conclusions of Law**

Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420 *et seq.* and in the MassHealth Dental Manual.<sup>1</sup> Interceptive orthodontic treatment is defined to include “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.” 130 CMR 420.431(B)(2).

MassHealth regulations regarding coverage of interceptive orthodontic treatment state as follows:

(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

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<sup>1</sup> The Dental Manual is available in MassHealth’s Provider Library, on its website.

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.

Appendix F of the Dental Manual provides a non-exhaustive list of conditions that may be considered for a request for interceptive treatment:

- 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;
- Crossbite of teeth numbers 3, 14 or 19,30 with photographic evidence documenting cusp overlap completely in fossa, or completely buccal-lingual of opposing tooth;
- Crossbite of teeth number A,T or J, K with photographic evidence documenting cusp overlap completely in fossa, or completely buccal or lingual of opposing tooth;
- 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;
- Crowding with radiographic evidence documenting resorption of 25% of the root of an adjacent permanent tooth.
- Class III malocclusion, as defined by mandibular protrusion of greater than 3.5mm, 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.

Appendix F also sets forth the requirements for a medical necessity basis for treatment. The

narrative must explain why “interceptive orthodontic treatment is medically necessary to prevent or minimize the development of a handicapping malocclusion or will preclude the need for comprehensive orthodontic treatment. The medical necessity narrative must clearly demonstrate why interceptive orthodontic treatment is medically necessary for the patient.” If any part of the basis for the requesting provider’s justification involves “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” the diagnosis must be made by an appropriate clinician and documented.

Here, the provider’s request for interceptive treatment does not identify any of the listed conditions that would medically justify the request. Though the list is not exhaustive, the provider’s narrative does not state that the proposed treatment would minimize the development of a handicapping malocclusion or preclude the need for comprehensive treatment. Further, the medical necessity narrative indicated that Appellant is experiencing psycho-social issues at school but does not include a diagnosis or supporting documentation from an appropriate clinician such as a psychologist. Appellant has not established that MassHealth’s decision to deny the request was incorrect. Accordingly, this 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.

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Cynthia Kopka  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA