

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2201111
Decision Date:	5/02/2022	Hearing Date:	03/23/2022
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Carl Perlmutter DMD *via* telephone



*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 (PA) Comprehensive Orthodontic Service
Decision Date:	5/02/2022	Hearing Date:	03/23/2022
MassHealth's Rep.:	Dr. Carl Perlmutter	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 February 9, 2022, MassHealth denied the appellant's PA request for comprehensive orthodontic treatment because it determined that the appellant did not have first premolars and permanent first molars erupted or craniofacial abnormalities and therefore did not qualify for comprehensive orthodontic treatment. (See 130 CMR 420.431(C)(3); Exhibit (Ex.) 1; Ex. 6, pp. 3-6). The appellant filed this appeal in a timely manner on February 11, 2022. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's PA request for comprehensive orthodontic treatment because it determined that the appellant did not have first premolars and permanent first molars erupted or craniofacial abnormalities and therefore did not qualify for comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.430(C)(1), in determining that the appellant did not qualify for comprehensive orthodontic treatment.

Summary of Evidence

On February 7, 2022, the appellant's dental provider submitted a request for orthodontic service with

supporting documentation to DentaQuest, the contractor responsible for overseeing the MassHealth Dental Program. (Ex. 6, pp. 3, 9-15). In the Handicapping Labiolingual Determination (HLD) form submitted with the claim, the provider indicated that the appellant had no autoqualifying conditions, an overjet of 2 mm, an overbite of 2 mm, and a posterior impaction of 3, a total of 7. (Ex. 6, p. 11). In a notice date February 9, 2022, DentaQuest denied comprehensive orthodontic treatment because “[b]ased on the information received case does not qualify for braces because the member does not have 1st premolars and permanent 1st molars erupted. Comprehensive orthodontia is allowed to include transitional dentition only for craniofacial anomalies such as cleft lip or cleft palate cases. Case may qualify when member has 1st premolars and permanent 1st molars erupted.” (Ex. 6, pp. 3-6). The appellant is a minor. (Ex. 1; Ex. 2, p. 5; Ex. 4; Ex. 6, p. 3).

MassHealth was represented at the hearing by a licensed orthodontic practitioner from DentaQuest (the MassHealth representative). The MassHealth representative stated that the appellant did not have quite enough permanent teeth as of the date the provider submitted the request for services and that he would therefore uphold the denial based on the information received. The MassHealth representative stated that the appellant should file another claim once he loses his baby teeth. The MassHealth representative stated that the appellant’s orthodontist should be able to inform the appellant and his parents when he had sufficient dentition to allow for comprehensive orthodontic treatment.

The appellant’s foster parent (the appellant’s representative) attended the hearing and spoke on the appellant’s behalf. The appellant’s representative stated that this conflicts with the information he received from the orthodontist, who told him MassHealth denied the claim because the appellant’s premolars had not erupted, starting treatment now will allow for space for the adult teeth to grow in. The appellant’s representative asked if the claim could be approved as a preventive measure to prevent the appellant from having to have more teeth removed. The appellant’s representative stated that the appellant has had mental health neglect in his path and the loss of teeth in the future could negatively impact him.

The MassHealth representative stated that his examination of the appellant’s x-rays show that the appellant will need braces. The MassHealth representative again reemphasized that the appellant needs to have his adult first pre-molars. The MassHealth representative stated that the adult first premolars are not in the photos or X-Rays, but the appellant is not far away from eruption at this time. The MassHealth representative repeated that the appellant’s representative should ask the orthodontist to tell him once this occurs. The MassHealth representative stated that when the appellant’s pre-molars do come in, particularly in the lower arch, the claim can be re-submitted. The MassHealth representative stated that the appellant has a deep overbite and approval should occur for that reason but only once the appellant’s adult premolars have erupted.

Findings of Fact

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

1. The appellant is a minor. (Ex. 1; Ex. 2, p. 5; Ex. 4; Ex. 6, p. 3).
2. On February 7, 2022, the appellant’s dental provider submitted a request for orthodontic service with supporting documentation to DentaQuest. (Ex. 6, pp. 3, 9-15).

3. In the HLD form submitted with the claim, the provider indicated that the appellant had no autoqualifying conditions, an overjet of 2 mm, an overbite of 2 mm, and a posterior impaction of 3, a total of 7. (Ex. 6, p. 11).
4. In a notice date February 9, 2022, DentaQuest denied comprehensive orthodontic treatment because “[b]ased on the information received case does not qualify for braces because the member does not have 1st premolars and permanent 1st molars erupted. Comprehensive orthodontia is allowed to include transitional dentition only for craniofacial anomalies such as cleft lip or cleft palate cases. Case may qualify when member has 1st premolars and permanent 1st molars erupted.” (Ex. 6, pp. 3-6).
5. When the appellant’s pre-molars do come in, particularly in the lower arch, the claim can be re-submitted. (Testimony of the MassHealth representative).
6. The appellant has a deep impinging overbite. (Testimony of the MassHealth representative).

Analysis and Conclusions of Law

130 CMR 420.431(B)(3) defines comprehensive orthodontic treatment as follows:

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.

130 CMR 420.431(C)(3) describes the eligibility requirements for comprehensive orthodontic treatment, as follows:

(3) Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime under the age of 21 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...

The MassHealth agency pays for the office visit, radiographs and a record fee of the preorthodontic 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 and any adjustments (treatment visits) occurring in the calendar month of 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 (3) 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 age 21.

Comprehensive orthodontic care should commence when the first premolars and 1st 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. (Emphasis added).

The record shows by the preponderance of the evidence that the appellant does not currently qualify for comprehensive orthodontic treatment. Based on review of the x-rays and photographs submitted with the claim, MassHealth determined and the MassHealth representative confirmed in his testimony that the appellant's first premolars and first permanent molars have not yet erupted. MassHealth also determined and the materials submitted with the claim show that the appellant does not have craniofacial anomalies such as cleft lip or cleft palate that would allow for comprehensive orthodontic treatment during the time the appellant has transitional dentition. The MassHealth representative stated that the appellant will likely need comprehensive orthodontic treatment and that the appellant's first premolars and first permanent molars will erupt soon. The MassHealth representative informed the appellant's representative that he should consult with the orthodontic provider when this occurs.

For the above stated reasons, 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA