Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2202662
Decision Date:	6/9/2022	**Hearing Date:**	05/18/2022
Hearing Officer:	Sara E. McGrath		

Appearances for Appellant:
[redacted] Appellant's Mother

Appearances for MassHealth:
Dr. Carl Perlmutter

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171

APPEAL DECISION

Appeal Decision:	Denied	**Issue:**	Prior Authorization for Interceptive Orthodontic Treatment
Decision Date:	6/9/2022	**Hearing Date:**	05/18/2022
MassHealth Rep.:	Dr. Carl Perlmutter	**Appellant Rep.:**	Appellant's Mother
Hearing Location:	Board of Hearings (Remote)		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated February 10, 2022, MassHealth denied the appellant's request for prior authorization for interceptive orthodontic treatment (Exhibit 1). The appellant filed a timely request for hearing (130 CMR 610.015(B)). Denial of a request for prior authorization is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

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

Issue

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

Summary of Evidence

MassHealth was represented at hearing by Dr. Carl Perlmutter, an orthodontic consultant from DentaQuest, the MassHealth dental contractor. The evidence reflects that the appellant's provider submitted a prior authorization request for interceptive orthodontic treatment, together with photographs, on February 10, 2022. The DentaQuest consultant testified that interceptive treatment is early treatment that is completed in an effort to prevent or minimize a developing malocclusion that precludes or minimizes the need for additional orthodontic treatment. He testified that appellant's provider did not specifically explain the interceptive treatment he plans to implement. Dr. Perlmutter noted that the appellant still had 12 baby teeth at the time of the submission to MassHealth.

Dr. Perlmutter referenced a letter dated January 28, 2022 submitted by the appellant's orthodontist (Exhibit 3, p. 7) The letter states that the provider is requesting initial band placement and a quantity of 5 follow up visits for interceptive treatment. The letter also includes a handwritten addendum that states that the appellant has "CIII dento skeletal spacing bimax protrusion severely protruded 2+2" (Exhibit 3, p. 7). Dr. Perlmutter explained that a Class III malocclusion relates to a particular positioning of the molars where the lower molars are too far forward compared to the upper molars. Those with molars in this position have what is commonly described as an underbite, and may have an occlusion where the upper anterior teeth sit behind the lower anterior teeth. He stated that the appellant's molars are not clearly visible in the photos, but that it is clear from the photos that the appellant's upper anterior teeth are <u>not</u> behind the lower anterior teeth. In other words, rather than reverse overjet, the appellant has overjet (Exhibit 3, p. 12). Therefore, the evidence does not establish that the appellant has a Class III malocclusion or skeletal discrepancy at this time.

Dr. Perlmutter testified that MassHealth has identified a list of certain conditions in the mouth that may, if documented, be considered in support of a request for PA for interceptive orthodontics. That list is as follows:

- Two or more teeth numbers (6-11) in crossbite with photograph documenting 100% of the incisal 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 or lingual of opposing tooth.

- Crowding with radiograph documenting current bony 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 3, p. 15).

Dr. Perlmutter reviewed the documentation provided by the appellant's provider, including the appellant's photographs and X-rays. After conducting a review of the documentation, Dr. Perlmutter stated that he agreed with the initial DentaQuest determination that the appellant has not justified the need for interceptive treatment at this time, as his dental photographs and X-rays do not establish that any of the above conditions exist at this time. As noted above, the appellant has not demonstrated that he has a Class III malocclusion or skeletal discrepancy at this time.

The appellant's mother testified telephonically and explained that she has already paid for and received a removable device for her son. She was told that this device will make more room for the appellant's teeth to come in without the need for extractions. She added that her son wears the appliance at night and on weekends; he does not wear it to school because she is worried about germs and that he will lose it.

In response to the appellant's mother's testimony, Dr. Perlmutter noted that the letter from appellant's provider did not refer to any removeable orthodontic device. He is therefore not clear about the provider's early treatment plan, and feels there is not enough evidence to support a conclusion that the early treatment will prevent or minimize a developing malocclusion that precludes or minimizes the need for additional orthodontic treatment.

The appellant submitted a letter in support of her appeal (Exhibit 1, p. 2). She writes in part as follows:

> My son carries an autism diagnosis since 2016. Early dental treatment will reduce any developing problem and challenges he may endure in the future. In October 2019 he had a tooth extraction at Chestnut Dental Associates because it did not erupt properly to allow passage for [sic] new tooth. This was very difficult and challenging for him. I hope his diagnosis can be taking [sic] into consideration to approve his ortho treatment at this early stage of his development to avoid and minimize anxiety, hyperactive and quick frustration behaviors during his dental treatment process.

The appellant also submitted a 2016 letter from a developmental-behavioral pediatrician that states that the appellant meets the criteria for autism spectrum disorder (ASD) (Exhibit 1, p. 3). The letter makes treatment recommendations but does not reference or recommend any dental or orthodontic treatment.

Findings of Fact

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

1. On February 10, 2022, the appellant's orthodontic provider submitted a prior authorization to MassHealth requesting interceptive orthodontic treatment.

2. The appellant's provider submitted a letter requesting initial band placement and a quantity of 5 follow up visits for interceptive treatment. The letter also includes a handwritten addendum that states that the appellant has "CIII dento skeletal spacing bimax protrusion severely protruded 2+2."

3. The appellant's photos show that his upper anterior teeth are not behind the lower anterior teeth.

4. The record does not conclusively demonstrate that the appellant has a Class III malocclusion or skeletal discrepancy.

5. The appellant has an ASD diagnosis.

6. On February 10, 2022, MassHealth denied the appellant's prior authorization request for interceptive orthodontic treatment.

7. On April 8, 2022, the appellant filed an appeal with the Board of Hearings.

Analysis and Conclusions of Law

130 CMR 420.431(B)(2) provides the following definition of 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."

130 CMR 420.431(C)(2) describes the eligibility requirements for interceptive orthodontic treatment, as follows:

> (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 or 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 it 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*, which provides sub-regulatory guidance, sets forth the following guidelines:

Prior Authorization for Interceptive Orthodontic Treatment

MassHealth approves prior authorization (PA) requests for interceptive orthodontic treatment if such treatment will prevent or minimize the development of a handicapping malocclusion or preclude the need for comprehensive orthodontic treatment. 130 CMR 420.431(B)(2). The process for requesting PA for interceptive orthodontic treatment is described below:

(A) Provider performs pre-orthodontic treatment examination (130 CMR 420.431(C)(1)) to determine if orthodontic treatment is necessary.

(B) Provider completes and submits the following:

(1) 2012 ADA Claim form requesting authorization for interceptive orthodontic treatment. The form must include:

(a) the code for the appliance requested (D8050 or D8060); and

(b) the code (D8999) for requested adjustments visits; and

(c) the number of adjustment visits requested, not to exceed five (5).

(2) **Supporting documentation**. Providers ***must*** submit:

a) a medical necessity narrative explaining why, in the professional judgment of the requesting provider and any other involved clinician(s), 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 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 dietitian, 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 interceptive 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 interceptive orthodontic treatment.

The medical necessity narrative must be signed and dated by the requesting provider and appear on the office letterhead of the provider. If applicable, any supporting documentation from the other clinician(s) must also be signed and dated by such clinician(s), and appear on office letterhead clinician(s). The requesting provider is responsible for coordinating with the other involved clinician(s) and is responsible for compiling and submitting any supporting documentation furnished by other involved clinician(s) along with the medical necessity narrative.

b) 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:

i. 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;

ii. 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;

iii. 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;

iv. 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;

v. Crowding with radiographic evidence documenting resorption of 25% of the root of an adjacent permanent tooth.

vi. 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 ant early age with protraction

facemask, reverse pull headgear, or other appropriate device.[1]

(3) imaging evidencing the existence of the condition(s) noted in the medical necessity narrative.

(4) a completed Appendix F attestation (found on page F-3 of Appendix F).

The appellant has not demonstrated that interceptive orthodontic treatment is medically necessary at this time; he has not shown that treatment will 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); 420.431(C)(2)). Specifically, the appellant has not documented that any of the medical conditions set forth in the interceptive orthodontic treatment section of Appendix F of the *Dental Manual* apply. Although the appellant's provider has indicated that he has a Class III malocclusion, MassHealth has persuasively argued that the appellant's molars are not clearly visible in the photographs and that his upper anterior teeth do not sit behind the lower anterior teeth. Thus, the appellant has not demonstrated that a Class III malocclusion or skeletal discrepancy currently exists.

Further, although not noted by the appellant's provider, his mother has indicated that treatment is necessary because of his ASD. Per Appendix F of the *Dental* Manual, if any part of the requesting provider's justification of medical necessity involves a condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, the medical necessity narrative must include documentation from an appropriately qualified and licensed clinician. That documentation must include, among other things, the recommendation by the clinician to seek orthodontic evaluation or treatment (if one was made) and a discussion of any other treatments considered or attempted. The pediatrician's letter is six years old and does not provide any nexus between early orthodontic treatment and the appellant's ASD.

On this record, the appellant has not demonstrated that interceptive orthodontic treatment is medically necessary at this time. The appeal is denied.

Order for MassHealth

None.

[1] This list differs slightly from the list referenced by the MassHealth consultant at hearing. Specifically, the list referenced at hearing includes "deep impinging overbite" as a condition that may warrant the authorization of early treatment (Exhibit 3, p. 15). There is nothing in the record to suggest that the appellant may have a deep impinging overbite.

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.

Sara E. McGrath
Hearing Officer
Board of Hearings

cc: DentaQuest