

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2202708
<b>Decision Date:</b>	6/14/2022	<b>Hearing Date:</b>	05/18/2022
<b>Hearing Officer:</b>	Sara E. McGrath		

**Appearances for Appellant:**



**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

<b>Appeal Decision:</b>	Approved	<b>Issue:</b>	Prior Authorization for Interceptive Orthodontic Treatment
<b>Decision Date:</b>	6/14/2022	<b>Hearing Date:</b>	05/18/2022
<b>MassHealth Rep.:</b>	Dr. Carl Perlmutter	<b>Appellant Rep.:</b>	
<b>Hearing Location:</b>	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 March 7, 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). At the conclusion of hearing, the record was held open for the appellant to submit additional medical documentation and for MassHealth to review and respond (Exhibit 5).

## 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 March 4, 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. 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 February 28, 2022 submitted by the appellant's orthodontist (Exhibit 4, p. 7). The letter states that the provider is requesting initial band placement and a quantity of 5 payments for interceptive treatment. The letter also includes a handwritten addendum that states that the appellant has "Retroclined upper incisors causing traumatic occlusion during closure" (Exhibit 4, p. 7).

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 4, p. 10).

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. Although the appellant has retroclined incisors, he does not have a Class III malocclusion, or underbite, because his upper anterior teeth are not behind the lower anterior teeth. In other words, rather than reverse overjet, the appellant has overjet (Exhibit 4, p. 8).

The appellant's mother testified telephonically and explained that her son has pain when he is eating and is anxious that his teeth will fall out. She stated that the orthodontist explained that early treatment will help to make her son more comfortable. She noted that her son is currently seeing a psychologist.

After hearing, the appellant submitted additional documentation in support of the appeal (Exhibit 6). Orthodontic treatment notes from 8/10/21 include the following statement: "Pt said that the upper teeth have been bothering him when he bites down (the upper 1's). Took updated records to submit for interceptive tx" (Exhibit 6, p. 4). The appellant also submitted a letter dated May 20, 2022 from his orthodontist. That letter provides as follows:

The procedure that we are planning on doing is an upper 2x4 appliance to help open the bite and prevent traumatic occlusion on the upper central incisors. On August 10, 2021, the patient informed us that he was experiencing pain on his upper central incisors when biting down. By opening the bite and correcting the traumatic occlusion, the pain should improve.

(Exhibit 6, p. 2).

The appellant also submitted a letter dated May 23, 2022 from his pediatrician that states in part as follows:

According to his dental records, he has retroclined upper incisors causing traumatic occlusion during closure. The patient reports that this is causing anxiety secondary to poor self image and fear of tooth displacement while eating. He also reports that he gets intermittent dental pain that he attributes to this problem. As a result, this orthodontic treatment is believed by this provider to [sic] medical [sic] necessary.

(Exhibit 4, p. 1).

Dr. Perlmutter reviewed this additional documentation and upheld MassHealth's denial of treatment (Exhibit 7).

## Findings of Fact

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

1. On March 4, 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 payments for interceptive treatment. The letter also includes a handwritten addendum that states that the appellant has "[r]etroclined upper incisors causing traumatic occlusion during closure."
3. The appellant's photos show that his upper anterior teeth are not behind the lower anterior teeth.
4. The appellant reports dental pain, fear of tooth displacement, and anxiety due to poor self-image and his pediatrician has concluded that early orthodontic treatment is medically necessary.
5. On March 7, 2022, MassHealth denied the appellant's prior authorization request for interceptive orthodontic treatment.
6. On April 6, 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 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*, 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 adjustment 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 an early age with protraction facemask, reverse pull headgear, or other appropriate device.

(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 argues that interceptive orthodontic treatment is medically necessary at this time, not specifically because he has a constricted palate, deep impinging overbite, or Class III



malocclusion per 130 CMR 420.431(C)(2)(b), but because he experiences pain and anxiety related to the position of his incisors. 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. In support of this medical necessity justification, the appellant submitted documentation from his orthodontist documenting his pain (Exhibit 6). Additionally, the appellant submitted documentation from his pediatrician; the pediatrician concludes that interceptive treatment is medically necessary based on the appellant's reports of pain, anxiety, and poor self-image (Exhibit 6). The appellant is also currently seeing a psychologist. This medical necessity narrative sufficiently demonstrates why interceptive orthodontic treatment is medically necessary for the appellant.

On this record, the appellant has demonstrated the medical necessity of interceptive orthodontic treatment. The appeal is approved.

### **Order for MassHealth**

Rescind denial and authorize payment for interceptive orthodontic treatment.

### **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this decision, you should contact DentaQuest. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings at the address on the first page of this decision.

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Sara E. McGrath  
Hearing Officer  
Board of Hearings

cc: DentaQuest