

# Office of Medicaid BOARD OF HEARINGS

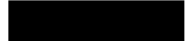
**Appellant Name and Address:**



|                         |                 |                       |            |
|-------------------------|-----------------|-----------------------|------------|
| <b>Appeal Decision:</b> | Denied          | <b>Appeal Number:</b> | 2203862    |
| <b>Decision Date:</b>   | 7/19/2022       | <b>Hearing Date:</b>  | 06/29/2022 |
| <b>Hearing Officer:</b> | Alexandra Shube |                       |            |

**Appearance for Appellant:**

*Via telephone:*

, Mother

**Appearance for MassHealth:**

*Via telephone:*

Dr. Harold Kaplan



*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 – Orthodontics |
| <b>Decision Date:</b>     | 7/19/2022                  | <b>Hearing Date:</b>     | 06/29/2022                         |
| <b>MassHealth’s Rep.:</b> | Dr. Harold Kaplan          | <b>Appellant’s Rep.:</b> | Mother                             |
| <b>Hearing Location:</b>  | Quincy Harbor South 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

Through notices dated February 9, 2022, March 4, 2022, and May 5, 2022, MassHealth denied the appellant's prior authorization requests for orthodontic treatment<sup>1</sup> (Exhibits 1 and 4). The appellant filed this appeal in a timely manner on or about May 19, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant’s prior authorization requests for orthodontic treatment.<sup>2</sup>

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<sup>1</sup> It appears there are three prior authorization requests, one for comprehensive orthodontic treatment received on January 31, 2022 and determined and mailed on February 9, 2022; another for comprehensive orthodontic treatment received on February 15, 2022, determined on February 16, 2022, and mailed March 4, 2022; and one for interceptive treatment received on May 3, 2022 and determined and mailed on May 5, 2022. All were denied.

<sup>2</sup> The prior authorizations for comprehensive treatment were denied because the appellant does not qualify for braces because her first premolars and permanent first molars have not erupted. The prior authorization for interceptive treatment was denied because documentation submitted did not support that interceptive treatment would prevent or minimize the development of a handicapping malocclusion or minimize or preclude the need for comprehensive orthodontic treatment.

## Issue

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

## Summary of Evidence

MassHealth was represented at hearing via telephone by Dr. Harold Kaplan, an orthodontic consultant from DentaQuest. DentaQuest is the third-party company that currently administers and manages the dental program available to MassHealth members, including the appellant. The appellant was represented via telephone by her mother.

Dr. Kaplan indicated that it was a little unclear whether the appellant's orthodontist was requesting interceptive treatment or comprehensive orthodontic treatment. The appellant's mother responded that originally, the orthodontist requested complete braces, but now is looking for authorization just for phase one, which involves opening the appellant's palate to get the tooth down.

Dr. Kaplan explained that the appellant's orthodontist submitted prior authorization requests that included photographs and x-rays, as well as the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form. The HLD Form is used to determine whether or not a member qualifies for comprehensive orthodontic treatment. It is not applicable when determining eligibility for interceptive orthodontic treatment. The HLD Form requires a total score of 22 or higher for approval of comprehensive orthodontic treatment or that the appellant has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The appellant's orthodontist indicated that she found a score of 23 and the autoqualifier of an overjet greater than 9mm.

Dr. Kaplan testified that the appellant cannot qualify for comprehensive orthodontic treatment at this time because she is too young and does not have enough permanent dentition. Her first premolars and first permanent molars have not erupted, which are required for MassHealth to cover comprehensive orthodontic treatment. Additionally, according to the photograph and the measurement tool in the photograph, her overjet is 9mm, not greater than 9mm. Thus, even if she had enough permanent dentition, the autoqualifier of an overjet *greater than 9mm* is not present.

As to the request for interceptive orthodontic treatment, Dr. Kaplan explained that interceptive orthodontic treatment is appropriate for a member who has both primary and permanent teeth and whose dentition is not fully developed yet; however, MassHealth only covers it for a very limited number of conditions. Those conditions include:

- 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 and 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 and J, K with photographic evidence documenting

- cuspal 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 3.5mm, 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.

The MassHealth orthodontist testified that none of the above conditions are present in the appellant. He acknowledged that the appellant's arch needs expansion, but there is no evidence of a posterior crossbite or any other condition that would qualify her for interceptive treatment. Her overjet is 9mm, but to qualify for treatment, it needs to be greater than 9mm. As a result, Dr. Kaplan concluded that MassHealth could not approve the interceptive orthodontic treatment requested by her provider.

The appellant's mother stated that at her last hearing, additional photographs of the tooth were requested and those have since been provided. When Dr. Kaplan stated that he could not approve treatment, the appellant's mother intentionally hung up her phone and ended the hearing.

## **Findings of Fact**

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

1. On January 31, 2022 and February 15, 2022, MassHealth received prior authorization requests for comprehensive orthodontic treatment from the appellant's orthodontic provider on the appellant's behalf. On May 3, 2022, MassHealth received a prior authorization request for interceptive treatment on her behalf. (Exhibit 4).
2. MassHealth denied those requests on February 9, 2022, February 16, 2022, and May 5, 2022, respectively (Exhibit 4).
3. The appellant timely appealed the denials on or about May 19, 2022 (Exhibit 2).
4. The appellant is under 21 years of age and was represented at hearing via telephone by her mother who stated that her provider is seeking interceptive treatment (Testimony and Exhibit 4).
5. The appellant does not qualify for comprehensive orthodontic treatment because she does not yet have her first premolars and first permanent molars (Testimony and Exhibit 4).

6. At hearing, the MassHealth orthodontic consultant reviewed the provider's paperwork, confirming the MassHealth denial and indicating that there is no medical necessity for interceptive orthodontic treatment at this time (Testimony and Exhibit 4).
7. The appellant does not have any conditions warranting interceptive treatment, including the following:
  - 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 and 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 and 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 3.5mm, 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.

## Analysis and Conclusions of Law

Interceptive treatment includes the 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).

130 CMR 420.431(C)(2) describes service limitations as they pertain to interceptive orthodontics, as follows:

- (a) The MassHealth agency pays for interceptive orthodontic treatment once per member per lifetime. The MassHealth agency determines whether treatment will prevent or minimize the 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.

Appendix F of the Dental Manual also states the following:

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 and 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 and 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 3.5mm, 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.

Additionally, 130 CMR 420.431(C)(3) states the following about comprehensive orthodontics:

Comprehensive orthodontic care should commence when the **first premolars and first permanent molars have erupted**. It should only include the transitional dentition in cases with craniofacial anomalies such as cleft lip or cleft palate...

(Emphasis added).

The appellant, through her orthodontic provider, submitted requests for both comprehensive and interceptive orthodontic treatment. Dr. Kaplan's measurements and testimony are credible and his determination that the appellant does not have enough permanent dentition to qualify for comprehensive orthodontic treatment is consistent with the evidence. The appellant's first premolars and first permanent molars have not erupted yet, which is required for MassHealth to cover comprehensive orthodontic treatment. Accordingly, MassHealth correctly denied the requests for comprehensive orthodontic treatment.

The appellant's provider did not assert that any of the above situations warranting interceptive treatment exist. The MassHealth orthodontist reviewed the appellant's documentation, including X-rays and photographs. He verified that none of the above situations, nor any other condition that would qualify her for interceptive treatment, exist. Additionally, there is nothing in the appellant's submission indicating that interceptive treatment would prevent or minimize the development of a handicapping malocclusion, thereby minimizing or precluding the need for comprehensive orthodontic treatment. The appellant's submission did not establish medical necessity for the interceptive orthodontic treatment. Accordingly, MassHealth correctly denied the request for interceptive orthodontic treatment.

## **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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Alexandra Shube  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA