

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2208471

**Decision Date:** 1/18/2023

**Hearing Date:** 12/19/2022

**Hearing Officer:** Alexis Demirjian

**Appearance for Appellant:**



**Appearance for MassHealth:**

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>	Interceptive Orthodontic Treatment
<b>Decision Date:</b>	1/18/2023	<b>Hearing Date:</b>	12/19/2022
<b>MassHealth's Rep.:</b>	Dr. Kaplan	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	No

## 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 October 26, 2022, MassHealth denied the appellant's request for prior authorization for interceptive orthodontic treatment (Exhibit 3). The Appellant filed a timely appeal on November 12, 2022. (130 CMR 610.015(B); Exhibit 2).<sup>1</sup> Denial of a request for prior authorization of services is a valid basis for appeal before the Board of Hearings. (130 CMR 610.032).

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<sup>1</sup> In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends:
  - All appeal hearings will be telephonic; and
  - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

## **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, pursuant to 130 CMR 420.431(C), in determining that the Appellant is ineligible for interceptive orthodontic treatment.

## **Summary of Evidence**

MassHealth was represented at hearing by Dr. Kaplan, 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 and x-rays, on October 26, 2022.<sup>2</sup> (See Exhibit 4) 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 requested a habit appliance. (See Testimony and Exhibit 4, p.8) The Appellant's provider did not include a narrative or explanation of why or how this interceptive treatment would minimize the need for additional orthodontic treatment in the future. (See Testimony and Exhibit 4)

Dr. Kaplan 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. Kaplan opined that he saw other orthodontic issues in the Appellant's mouth and that the requested interceptive device would not address those problems, therefore approving the requested habit appliance would not serve to minimize or prevent orthodontic treatment in the future. (See Testimony). Accordingly, Dr. Kaplan could not find sufficient evidence to determine that there is a medical necessity for the interceptive treatment and upheld DentaQuest's denial of the requested service. (Id.).

The Appellant's mother testified that this device was necessary because the Appellant's thumb sucking has messed up her jaw and it was necessary to not exacerbate the Appellant's condition. (See Testimony).

In response to the Appellant's mother's testimony, Dr. Kaplan noted the Appellant is young and MassHealth would continue to cover orthodontic evaluations every six months, until the Appellant is 21 years of age.

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<sup>2</sup> Dr. Dhingra's letter indicates that she is seeking authorization for interceptive treatment, however she included in her request an authorization form for comprehensive treatment.

## **Findings of Fact**

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

1. On October 26, 2022, the Appellant's orthodontic provider submitted a prior authorization request for interceptive orthodontic treatment to MassHealth. (See Exhibit 4, p. 3)
2. The Appellant's provider submitted a letter describing the treatment plan as follows:
  - Pt. has 3 mm open bite will benefit from a habit appliance (Phase 1)
3. The Appellant's provider describes the Appellant's Malocclusion as a Class I. (See Exhibit 4, p.9).
4. The Appellant's provider did not submit a medical necessity narrative that demonstrated why in her professional opinion 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.
5. The Appellant's provider did not clearly demonstrate why interceptive orthodontic treatment is medically necessary for the Appellant.
6. The Appellant's provider did not indicate that interceptive treatment was medically necessary due to a mental, emotional, or behavior conditional; a nutritional deficiency; a speech or language pathology.
7. The Appellant's provider signed an attestation stating that the information he submitted was accurate and complete to the best of her knowledge.
8. Interceptive treatment will not minimize or preclude the need for comprehensive orthodontic treatment in the future.

## **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:

The MassHealth agency pays for interceptive orthodontic treatment once per member per lifetime as an extension of preventative orthodontics that may include localized tooth movement. 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.

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.

The Office Reference Dental Manual, Section 16.5 Authorization for Interceptive/Limited Orthodontic Treatment, sets forth the following guidelines:

The MassHealth agency approves prior authorization requests if the treatment will prevent or minimize a handicapping malocclusion based on the clinical standards described in Appendix F of the Dental Manual. 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 or other appropriate device is necessary at a young age, craniofacial anomalies, anterior cross bite, or dentition exhibiting results of harmful habits or traumatic interferences between erupting teeth.

**Providers are encouraged to treat Class III malocclusions with the appropriate interceptive / limited treatment and may submit for approval of both interceptive and comprehensive treatment of Class III malocclusions at the time interceptive treatment is necessary. Please note the expiration date of the prior approval and submit for an extension of comprehensive treatment if comprehensive treatment is not complete prior to the expiration date.**

Continuity of care is important; therefore, please notify DentaQuest if the member discontinues treatment for any reason. The process for requesting authorization and billing for interceptive orthodontic treatment is described below:

- a. Provider performs pre-orthodontic treatment examination to determine if orthodontic treatment is necessary.
- b. Provider completes and submits the following documentation:
  - 2012 or newer ADA Form requesting authorization for interceptive orthodontic treatment. The form must include:
    1. The code for the appliance being used (D8010, D8020, D8030, D8040)
    2. The code (D8999) for and number of treatment visits you are requesting for adjustments, up to a maximum of 5.
- c. A detailed medical necessity narrative establishing that 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. This narrative must be submitted on the provider's office letterhead and any supporting documentation or imaging supporting medical necessity of the treatment should be attached.

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:

- i. 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).
- ii. describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment.
- iii. state the specific diagnosis or other opinion of the patient's condition furnished by the identified clinician(s).
- iv. document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made).
- v. discuss any treatments for the patient's condition (other than interceptive orthodontic treatment) considered or attempted by the clinician(s); and
- vi. 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 submitted on the office letterhead of the provider. If applicable, any supporting documentation from the other involved clinician(s) must also be signed and dated by such clinician(s) and appear on office letterhead of such 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.

d. 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 3.5mm, 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 evidence submitted with the prior authorization and presented at hearing does not establish that the Appellant's condition meets the threshold for approving interceptive orthodontic services. The Appellant's provider indicated that the Appellant's malocclusion is a Class I malocclusion and failed to provide a detailed medical necessity narrative establishing that 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. Accordingly, the Appellant has not demonstrated that interceptive orthodontic 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)). Therefore MassHealth's denial shall not be disturbed.

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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Alexis Demirjian  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA