

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

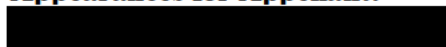
Appeal Number: 2208886

Decision Date: 1/17/2023

Hearing Date: 01/04/2023

Hearing Officer: Sara E. McGrath

Appearances for Appellant:



Appearances for MassHealth:

Dr. Harold Kaplan



*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:	1/17/2023	Hearing Date:	01/04/2023
MassHealth Rep.:	Dr. Harold Kaplan	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 October 19, 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. Harold 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, on October 13, 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. Kaplan referenced a letter dated September 30, 2022 submitted by the appellant's orthodontist; this letter states that the provider is requesting interceptive orthodontic treatment due to the existence of crowding (Exhibit 3, p. 8).

Dr. Kaplan 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:

- Cleft lip, cleft palate, and/or significant craniofacial anomaly.
- 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. 10).

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

stated that he agreed with the initial DentaQuest determination that the appellant has not justified the need for interceptive treatment at this time, as the dental photographs and X-rays do not establish that any of the above conditions exist at this time.

The appellant's mother testified telephonically with the assistance of a Spanish interpreter. She explained that the orthodontist told her that her daughter needs spacers for her teeth. The orthodontist needs to create space or do extractions, because her daughter's jaw bones are too small and there is no room for the permanent teeth. She feels that if the orthodontist is recommending this treatment, it must be medically necessary. She cannot afford to pay privately for treatment at this time.

Dr. Kaplan responded and explained that interceptive treatment would be indicated if the appellant's jaw bones were constricted and a crossbite was present. At this time, the appellant's upper jaw relates well to her lower jaw, and there is no crossbite present. Further, a lateral head X-ray would be needed to further evaluate her bite. He explained that spacers are not currently indicated because the appellant still has baby teeth in her mouth. He recommended that the eruption pattern should be observed, and extraction of certain baby teeth should be performed at the proper time. Eventually, because of the crowding, the extraction of permanent teeth may be necessary as well.

Findings of Fact

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

1. On October 13, 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 this treatment because of crowding.
3. The record contains no evidence of the following:
 - Cleft lip, cleft palate, and/or significant craniofacial anomaly.
 - 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.
4. On October 19, 2022, MassHealth denied the appellant's prior authorization request for interceptive orthodontic treatment.
 5. On November 3, 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 relevant guideline:

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 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 crossbite, or dentition exhibiting results of harmful habits or traumatic interferences between erupting teeth.

Appendix F of the *Dental Manual* sets forth certain requirements for the requesting provider, including the following:

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.

The appellant has not demonstrated that interceptive orthodontic treatment is medically necessary at this time; she 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 she has crowding, MassHealth has persuasively argued that the record does not contain any evidence of bony impaction or resorption of 25% of the root of any permanent teeth.

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.

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