

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2301554
Decision Date:	4/20/2023	Hearing Date:	03/27/2023
Hearing Officer:	Paul C. Moore	Record Closed:	04/10/2023

Appellant Representative:

 (by telephone)

MassHealth Representative:

Carl Perlmutter, D.M.D., DentaQuest
consultant (by telephone)



*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

Appeal Decision:	Denied	Issue:	Prior authorization – interceptive orthodontic treatment
Decision Date:	4/20/2023	Hearing Date:	03/27/2023
MassHealth Rep.:	Dr. Perlmutter	Appellant Rep.:	Mother
Hearing Location:	Board of Hearings (remote)		

Authority

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

Jurisdiction

Through a notice dated February 17, 2023, MassHealth denied the appellant's prior authorization (PA) request for interceptive orthodontic treatment (Exhibit 1). The appellant filed this appeal in a timely manner with the Board of Hearings (BOH) on February 27, 2023 (Exhibit 2). Denial of a PA request is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is ineligible for interceptive orthodontic treatment.

Summary of Evidence

The appellant is a [REDACTED] year-old MassHealth member who was represented at hearing by his mother, who testified telephonically. A licensed orthodontist, a consultant with DentaQuest, appeared telephonically. DentaQuest is the third-party contractor that administers and manages the dental program available to MassHealth members.

The appellant's provider, Dr. Reema Dhingra ("the provider"), submitted a request for prior authorization of interceptive orthodontic treatment on behalf of the appellant (Exh. 3). The provider completed an ADA Dental Claim Form and Prior Authorization Form, and submitted these documents with supporting photographs and a radiograph to DentaQuest on or about January 24, 2023. On the Prior Authorization Form, the provider requested "Phase I (limited) treatment" and "habit appliance to close open bite" (*Id.*).

On February 17, 2023, MassHealth denied the appellant's request because the clinical documentation submitted "did not support the medical necessity of interceptive orthodontic treatment. Specifically, the submitted documentation did not support that interceptive orthodontic treatment would prevent or minimize the development of a handicapping malocclusion or minimize or preclude the need for comprehensive orthodontic treatment" (Exh. 1). The MassHealth representative testified that the request was denied because to approve interceptive orthodontic treatment, MassHealth requires two or more teeth to be in crossbite, or crowding with radiographic evidence documenting current bony impaction of teeth numbers 6 through 11, or teeth numbers 22 through 27. Based on the MassHealth representative's review of the appellant's radiograph, these conditions are not present. Also, there is no radiographic evidence of crowding with documented resorption of 25% of the root of an adjacent permanent tooth, nor is there evidence that the appellant has a Class III malocclusion, or "underbite." Finally, there is no photographic or radiographic evidence of a deep impinging overbite (Testimony).

He testified that the appellant has an overbite of approximately 2 mm.

The appellant's mother testified by telephone that the appellant has an overbite, and is also diagnosed with Noonan syndrome. The appellant's mother testified that the latter condition is genetic and is characterized by abnormalities of the jaw. She stated that this syndrome causes his teeth to grow differently. The appellant's mother testified that she also has Noonan syndrome. In addition, the appellant is bullied at school due to the appearance of his face and teeth (Testimony).

The hearing officer inquired specifically how the appellant's diagnosis of Noonan syndrome causes a malocclusion in the appellant. The hearing officer agreed to keep the record of this appeal open for two weeks, or until April 10, 2023, for the appellant's mother to submit a letter from the appellant's orthodontist or his pediatrician explaining how the appellant's diagnosis of Noonan syndrome leads to a handicapping malocclusion in the appellant.

The hearing officer received nothing from the appellant's mother by on or before April 10, 2023.

Findings of Fact

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

1. The appellant is a ■ year-old MassHealth member (Testimony, Exh. 3).
2. On or about January 24, 2023, the provider completed an ADA Dental Claim Form and Prior Authorization Form, and submitted these documents with supporting photographs and a radiograph to DentaQuest, requesting interceptive orthodontic treatment for the appellant (Exh. 3).
3. On the Prior Authorization (PA) Form, the provider requested "Phase I (limited) treatment" and "habit appliance to close open bite" (*Id.*).
4. The provider did not submit a medical necessity narrative with this PA request.
5. MassHealth denied the PA request by notice dated February 17, 2023, because the clinical documentation submitted "did not support the medical necessity of interceptive orthodontic treatment. Specifically, the submitted documentation did not support that interceptive orthodontic treatment would prevent or minimize the development of a handicapping malocclusion or minimize or preclude the need for comprehensive orthodontic treatment" (*Id.*).
6. A MassHealth representative, a licensed orthodontist, testified that based on his review of the appellant's photos and radiograph, there is no evidence of two or more teeth in crossbite, or crowding with radiographic evidence documenting current bony impaction of teeth numbers 6 through 11, or teeth numbers 22 through 27 (Testimony).
7. Also, based on the MassHealth representative's review of the appellant's photos and radiograph, there is no radiographic evidence of crowding with documented resorption of 25% of the root of an adjacent permanent tooth, nor is there evidence that the appellant has a Class III malocclusion, or "underbite." Finally, there is no photographic or radiographic evidence of a deep impinging overbite (Testimony).
8. The appellant is diagnosed with Noonan syndrome, a genetic condition (Testimony).
9. The hearing officer left the appeal record open for two weeks for the appellant to submit documentary evidence from an orthodontist or pediatrician explaining how Noonan syndrome causes a handicapping malocclusion in the appellant.
10. Nothing further was received.

Analysis and Conclusions of Law

Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420.401 *et seq.* and in the MassHealth Dental Manual.¹ 130 CMR 420.431(B)(2) states that 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.”

Further, 130 CMR 420.431(C)(2), “Interceptive Orthodontics,” states as follows:

Interceptive Orthodontics.

(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 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.

(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.

The MassHealth Dental Program Office Reference Manual at Subchapter 6, Appendix F (“Dental Manual”) reflects that MassHealth will approve a prior authorization request of interceptive orthodontic treatment if such treatment will prevent or minimize the development of a handicapping malocclusion and will therefore minimize or preclude the need for comprehensive orthodontic treatment.

Subchapter 6, Appendix F of the Dental Manual requires providers to 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

¹ The Dental Manual is available in MassHealth’s Provider Library, on its website.

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.

Per Subchapter 6, Appendix F(B)(2)(b), examples of criteria that may satisfy the request for prior authorization of interceptive orthodontic treatment include:

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:

- 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;
- 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;
- 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;
- 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;
- Crowding with radiographic evidence 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.

Here, the provider did not submit a medical necessity narrative in support of this PA request. None of the conditions listed in the Dental Manual, cited in the preceding paragraph, were present, according to the radiograph and photos of the appellant, which the MassHealth representative reviewed at hearing.

The appellant's mother asserted that the appellant has Noonan syndrome, which causes "jaw abnormalities," and that he should automatically be approved for interceptive orthodontic treatment. The record was left open for submission of evidence from a physician or orthodontist linking the diagnosis of Noonan syndrome to a developing handicapping malocclusion. Nothing was submitted.

Based on all of the above, MassHealth's decision to deny interceptive orthodontic treatment for the appellant was correct.

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.

Paul C. Moore
Hearing Officer
Board of Hearings

cc: DentaQuest appeals representative