

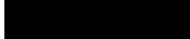
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304781
Decision Date:	07/31/2023	Hearing Date:	07/31/2023
Hearing Officer:	Patricia Mullen		

Appearance for Appellant:

 mother

Appearance for MassHealth:

Dr. Harold Kaplan, DentaQuest



*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:	Interceptive orthodontic treatment
Decision Date:	07/31/2023	Hearing Date:	07/31/2023
MassHealth's Rep.:	Dr. Harold Kaplan, DentaQuest	Appellant's Rep.:	Mother
Hearing Location:	Quincy Harbor South (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 June 1, 2023, MassHealth denied the appellant's request for prior authorization for interceptive orthodontic treatment, because MassHealth determined that the submitted documentation did not meet MassHealth criteria for coverage of interceptive orthodontic treatment. (see 130 CMR 420.431 and Exhibit 1). The appellant filed this appeal in a timely manner on June 12, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Denial of prior approval is valid grounds for appeal. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for coverage of interceptive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the appellant does not meet the MassHealth requirements for coverage of

interceptive orthodontic treatment.

Summary of Evidence

The appellant is a child who was represented telephonically at the hearing by his mother. The appellant's mother verified his identity. MassHealth was represented telephonically at the hearing by an orthodontist consultant with DentaQuest, the contracted agent of MassHealth that makes the orthodontic prior authorization determinations. The appellant's orthodontist submitted a request for prior authorization for interceptive orthodontic treatment for the appellant on May 30, 2023. (Exhibit 5, p. 3). The appellant's orthodontist completed a Prior Authorization Request and submitted it along with photographs and xrays of the appellant's mouth. (Exhibit 5). The appellant's orthodontist wrote that the appellant presents with a narrow upper arch and overjet and is ready for phase I treatment. (Exhibit 5, p. 12). The appellant's orthodontist noted further that the appellant has impactions where eruption is impeded but extraction not indicated; overjet greater than 9 millimeters; crowding of 10 millimeters or more in either the upper or lower arch; and an anterior open bite of 2 millimeters or more of 4 or more teeth per arch. (Exhibit 5, p. 9).

The MassHealth representative testified that interceptive treatment treats a specific problem and is not full orthodontic treatment. The MassHealth representative testified that he examined the submitted photographs and x-rays and the submitted documentation does not meet the criteria for MassHealth coverage of interceptive treatment. The MassHealth representative testified that the criteria for MassHealth coverage of interceptive orthodontic treatment is as follows:

- 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 3.5mm, 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 representative noted that the appellant's orthodontist's indication that the appellant has overjet greater than 9 millimeters, and an anterior open bite of 2 millimeters or

more, of 4 or more teeth, does not support coverage of interceptive treatment because these are not criteria for coverage of interceptive treatment. The MassHealth representative testified that he reviewed the appellant's x-rays and it's too soon to tell if he has impactions where eruption is impeded, but extraction not indicated. The MassHealth representative stated that the appellant does not currently meet the criteria for MassHealth coverage of interceptive treatment, but noted that he is young and his teeth are still erupting. The MassHealth representative advised waiting 6 months from the date of the last orthodontist appointment, and go back and be re-evaluated.

The appellant's representative stated that the appellant suffers from bad headaches and his neurologist advised that he see an orthodontist to determine if widening the jaw might help with the headaches. The appellant's representative stated that the orthodontist wants to put a palatal expander into the appellant's mouth to widen the jaw. The appellant's representative noted that the appellant's orthodontist also wants to extract some teeth. The appellant's representative stated that the appellant has not lost any baby teeth since his orthodontist appointment in May.

The MassHealth representative advised the appellant's representative to get a letter from the appellant's neurologist speaking to the neurologist's opinion that a palatal expander might help the appellant's headaches. The MassHealth representative stated that such letter should be submitted with the orthodontist's next request for coverage for interceptive treatment.

Findings of Fact

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

1. The appellant's orthodontist submitted a request for prior authorization for interceptive orthodontic treatment for the appellant.
2. The appellant's orthodontist completed a Prior Authorization Request and submitted it along with photographs and x-rays of the appellant's mouth.
3. The photographs of the appellant's teeth do not show two or more anterior teeth in crossbite, nor crossbite of permanent molars (3, 14, 19, 30), nor a crossbite with overlap.
4. The x-rays of the appellant's teeth do not show bony impactions, nor crowding with evidence of resorption of 25% of the root of an adjacent permanent tooth.
5. The appellant does not have a 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.

6. It is too soon to determine if the appellant has impactions where eruption is impeded, but extraction is not indicated.

Analysis and Conclusions of Law

Service Descriptions and Limitations: Orthodontic Services

(A) General Conditions. The MassHealth agency pays for orthodontic treatment, subject to prior authorization, service descriptions and limitations as described in 130 CMR 420.431. The provider must seek prior authorization for orthodontic treatment and begin initial placement and insertion of orthodontic appliances and partial banding or full banding and brackets prior to the member's 21st birthday.

(B) Definitions.

(1) Pre-orthodontic Treatment Examination – includes the periodic observation of the member's dentition at intervals established by the orthodontist to determine when orthodontic treatment should begin.

(2) 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.

(3) Comprehensive Orthodontic Treatment – includes a coordinated diagnosis and treatment leading to the improvement of a member's craniofacial dysfunction and/or dentofacial deformity which may include anatomical and/or functional relationship. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances. Comprehensive orthodontics may incorporate treatment phases including adjunctive procedures to facilitate care focusing on specific objectives at various stages of dentofacial development.

(4) Orthodontic Treatment Visits – periodic visits which may include but are not limited to updating wiring, tightening ligatures or otherwise evaluating and updating care while undergoing comprehensive orthodontic treatment.

(C) Service Limitations and Requirements.

(1) Pre-orthodontic Treatment Examination. The MassHealth agency pays for a pre-orthodontic treatment examination for members younger than 21 years old, once per six (6) months per member, and only for the purpose of determining whether orthodontic treatment is medically necessary, and can be initiated before the member's twenty-first birthday. The MassHealth agency pays for a pre-orthodontic treatment examination as a separate procedure (see 130 CMR 420.413). The MassHealth agency does not pay for a pre-orthodontic treatment examination as a separate procedure in conjunction with pre-authorized ongoing or planned orthodontic treatment.

(2) 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.

(130 CMR 420.431(A), (B), (C)(1), (2)).

The clinical standards used by MassHealth to determine if interceptive orthodontic treatment meets MassHealth criteria is set forth in Appendix F of the MassHealth Dental Manual. The criteria is as follows:

- 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 3.5mm,

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 photographs of the appellant's teeth do not show evidence of 2 or more anterior teeth (6-11) in crossbite, nor do the photographs show crossbite of permanent molars (3, 14, 19, 30), nor do they show evidence of crossbite with overlap. The x-rays of the appellant's teeth do not show bony impactions at this time, nor do they show crowding with evidence of resorption of 25% of the root of an adjacent permanent tooth. The appellant does not have a 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.

The photographic and x-ray evidence do not support that the appellant meets MassHealth criteria for coverage of interceptive orthodontic treatment at this time. The appellant is advised to go back to the orthodontist after November 30, 2023 to be re-evaluated. The appellant's orthodontist should also submit a letter from the appellant's neurologist with the new request.

MassHealth's denial is upheld and 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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc:MassHealth Representative: DentaQuest