

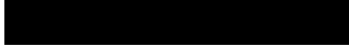
# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2308174
<b>Decision Date:</b>	11/7/2023	<b>Hearing Date:</b>	10/23/2023
<b>Hearing Officer:</b>	Susan Burgess-Cox		

**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>	Prior Authorization
<b>Decision Date:</b>	11/7/2023	<b>Hearing Date:</b>	10/23/2023
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Rep.:</b>	Rosemarie Nieves (mother)
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center	<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 a notice dated August 28, 2023, MassHealth denied appellant's prior authorization request for interceptive orthodontic treatment. (Exhibit 1). The appellant filed a timely appeal on September 12, 2023. (Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

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

### Issue

Whether MassHealth was correct in denying the appellant's prior authorization request for interceptive orthodontic treatment.

## Summary of Evidence

The appellant submitted a prior authorization request for interceptive orthodontic treatment. MassHealth denied this request as the appellant's condition did not rise to the level that would allow MassHealth to authorize coverage for treatment.

The MassHealth representative testified that MassHealth approves prior authorization (PA) requests for interceptive orthodontic treatment if such treatment will prevent or minimize the development of a handicapping malocclusion or preclude the need for comprehensive orthodontic treatment. The process for requesting PA for interceptive orthodontic treatment involves a pre-orthodontic treatment examination to determine if orthodontic treatment is necessary and the submission of a claim form and medical necessity narrative.

The MassHealth representative testified that the MassHealth Dental Manual has a list of medical conditions that may, if documented, be considered in support of a request for prior authorization for interceptive orthodontics. It is a non-exclusive list. The conditions noted in the list 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 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 MassHealth representative testified that none of the above conditions exist within the appellant's mouth at this time.

The appellant's provider submitted a medical necessity narrative stating that the appellant has

a narrow upper arch resulting in a tight posterior overjet and canines erupting toward the root of the laterals. The orthodontist states that if the appellant is not treated now, the upper incisors risk absorption by the canines and the right buccal overjet will persist potentially needing surgery in the future. The orthodontist states that by intervening now with a hyrax expander and upper 2x4, he will be able to correct the posterior crossbite and avoid potential complications in the future. The MassHealth representative testified that the appellant's posterior bite is not a crossbite and no other condition exists to warrant authorization for interceptive treatment at this time. The MassHealth representative testified that the appellant's bite in the back is in good alignment. The MassHealth representative testified that the appellant's crowding is not 10 millimeters or more and most of the crowding involves baby teeth rather than permanent teeth. The MassHealth representative testified that there may be other treatments that MassHealth would consider for coverage but not what is listed in this prior authorization request.

The appellant's mother testified that the appellant's orthodontist said that the appellant does not have enough room for teeth to come in. The appellant's mother testified that the appellant has had several teeth extracted as the baby teeth will not fall out on their own and the adult teeth just grow over the baby teeth. The appellant's mother testified that both she and the appellant's father have had to have teeth extracted and she would like the appellant to receive this interceptive treatment to prevent pain in the future. The MassHealth representative responded that there are other treatment options for the appellant that were not requested by the orthodontist and the records presented do not appear to indicate that a condition exists to approve payment for interceptive orthodontic treatment.

## **Findings of Fact**

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

1. The appellant requested prior authorization for interceptive orthodontic treatment.
2. The appellant is under 21 years of age.
3. The appellant's orthodontist submitted a prior authorization request for interceptive orthodontic treatment.
4. The appellant's orthodontist noted a posterior crossbite in the medical necessity narrative.
5. The MassHealth representative performing the initial prior authorization review did not find a condition that would meet the necessary criteria to approve coverage for interceptive treatment.

6. The MassHealth representative at hearing reviewed the appellant's records and performed an examination at hearing did not see a posterior crossbite or other condition to meet the necessary criteria to approve coverage for interceptive treatment.
7. The appellant's provider did not submit a narrative that included a diagnosis, opinion or expertise of a licensed clinician to demonstrate that orthodontic treatment is medically necessary.

## **Analysis and Conclusions of Law**

MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. (130 CMR 420.410(A)(1)). A service is "medically necessary" if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to MassHealth. (130 CMR 450.204(A)).

Services requiring prior authorization are identified in Subchapter 6 of the Dental Manual, and may also be identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances. (130 CMR 420.410(A)(2)). The Dental Manual indicates that Interceptive Orthodontic Treatment requires prior authorization. (MassHealth Dental Manual Subchapter 6).

MassHealth pays for interceptive orthodontic treatment once per member per lifetime. (130 CMR 420.431(C)(2)(a)). MassHealth approves prior authorization (PA) requests for interceptive orthodontic treatment if such 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)). MassHealth determines whether the treatment will prevent or minimize a handicapping malocclusion based on the clinical standards described in Appendix F of the Dental Manual. (130 CMR 420.431(C)(2)(a)). MassHealth 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. (130 CMR 420.431(C)(2)(b)).

Appendix F of the MassHealth Dental Manual notes the process and requirements for prior authorization. To obtain prior authorization for interceptive treatment, providers must submit:

- a) 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 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.

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 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 comprehensive 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 comprehensive orthodontic treatment. (MassHealth Dental Manual, Appendix D).

The medical necessity narrative must be signed and dated by the requesting provider and submitted on the office letterhead of the provider. (MassHealth Dental Manual, Appendix F). 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). (MassHealth Dental Manual, Appendix F). 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. (MassHealth Dental Manual, Appendix F).

- b) 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 narrative submitted by the appellant's orthodontist did not clearly demonstrate 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. Two other orthodontists reviewed the appellant's records, one also did an examination and neither one found the posterior crossbite referred to in the narrative submitted by the appellant's orthodontist. Additionally, both determined that there was no other condition indicating that interceptive treatment is medically necessary to prevent or minimize the development of a handicapping malocclusion or will preclude the appellant's need for comprehensive orthodontic treatment. The appellant's provider did not present records from another clinician to demonstrate that the treatment was medically necessary due to another medical condition. The appellant did not present any evidence at hearing to clearly challenge the decision made by MassHealth.

The decision by MassHealth denying prior authorization for comprehensive orthodontic treatment was correct.

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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Susan Burgess-Cox  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA