

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2308939
<b>Decision Date:</b>	11/17/2023	<b>Hearing Date:</b>	10/25/2023
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Carl Perlmutter, DentaQuest

**Interpreter:**

Spanish



*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 Services
<b>Decision Date:</b>	11/17/2023	<b>Hearing Date:</b>	10/25/2023
<b>MassHealth's Rep.:</b>	Dr. Carl Perlmutter, DentaQuest	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center		

### Authority

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

### Jurisdiction

On 09/07/2023, MassHealth informed the appellant, a minor child, that his prior authorization request for interceptive orthodontic treatment was denied (Exhibit 1). On 09/27/2023 a timely appeal was filed on the appellant's behalf (Exhibit 2)<sup>1</sup>. Denial of benefits 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

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<sup>1</sup> The appellant, a minor child, was represented by his mother in these proceedings.

The appeal issue is whether MassHealth was correct in determining that appellant is not eligible for interceptive orthodontic treatment?

## Summary of Evidence

MassHealth was represented at the fair hearing by a licensed orthodontist consultant from DentaQuest, the contractor that makes the dental decisions for MassHealth. He appeared in person. The consultant indicated that on 08/30/2023, MassHealth received a prior authorization request from the appellant's dental provider, [REDACTED], requesting interceptive orthodontic treatment of transitional dentition (Exhibit 4). The provider noted on the request that the appellant "has a Class I malocclusion complicated by an anterior crossbite and needs limited orthodontics."

On 09/07/2023, MassHealth denied appellant's request for interceptive orthodontic treatment (Exhibit 4). The MassHealth representative testified to MassHealth's determination that the appellant had mixed dentition, meaning both baby teeth and adult teeth, but has no evidence of any of the situations, one of which is required for approval by MassHealth for payment:

- A) Cleft lip, cleft palate, and/or significant craniofacial anomaly;
- B) Two or more teeth (6-11) in crossbite with photograph documenting 100% of the incisal edge in complete edge in complete overlap with opposing tooth / teeth;
- C) Deep impinging overbite;
- D) 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;
- E) 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;
- F) Crowding with radiograph documenting current boney 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;
- G) Crowding with radiograph documenting resorption of 25% of the root of an adjacent permanent tooth; or
- H) 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 treating orthodontist also noted that he did not include a medical necessity narrative with supporting documentation.

The MassHealth orthodontist appeared at the fair hearing and obtained permission from the

appellant's mother to examine his malocclusion. After the examination, he testified that his review of the X-rays, photographs, and the observations he made during the examination, did not show that the appellant met any of the above criteria that is necessary for MassHealth to pay for interceptive orthodontic treatment. Additionally, he testified that there is no other information that satisfies medical necessity. As a result, the MassHealth orthodontist concluded that MassHealth could not approve the interceptive orthodontic treatment requested by his provider.

The appellant, a minor child, appeared in person at the fair hearing and was represented by his mother in these proceedings. She testified that the appellant is afraid to smile, and he worries what other children think about his teeth. He is not comfortable showing his teeth. He has low self-esteem. She wishes he would smile.

## Findings of Fact

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

1. On 08/30/2023, a prior authorization request for MassHealth payment for interceptive orthodontic treatment was submitted on the appellant's behalf by his orthodontic treating source.
2. On 09/07/2023, MassHealth denied the request for interceptive orthodontic treatment.
3. The appellant is under 21 years of age and was represented at the fair hearing by his mother on 10/25/2023.
4. At the fair hearing, the MassHealth consultant, a licensed orthodontist, reviewed the materials submitted with the prior authorization request, including X-rays, photographs and documentation.
5. The MassHealth orthodontist also received permission to examine the appellant's malocclusion.
6. The appellant's treating orthodontist, [REDACTED] noted on the request that the appellant "has a Class I malocclusion complicated by an anterior crossbite and needs limited orthodontics."
7. [REDACTED] indicated that he did not include with the PA request a medical necessity narrative with documentation.
8. The appellant does not have any of the following situations:
  - A) Cleft lip, cleft palate, and/or significant craniofacial anomaly;

- B) Two or more teeth (6-11) in crossbite with photograph documenting 100% of the incisal edge in complete edge in complete overlap with opposing tooth / teeth;
- C) Deep impinging overbite;
- D) 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;
- E) 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;
- F) Crowding with radiograph documenting current boney 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;
- G) Crowding with radiograph documenting resorption of 25% of the root of an adjacent permanent tooth; or
- H) 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.

## **Analysis and Conclusions of Law**

130 CMR 420.431(D) states the following:

(D) Interceptive Orthodontic-Treatment Visits. The goal of preventive or interceptive orthodontics is to prevent or minimize a developing malocclusion with primary or mixed dentition. Use of this treatment precludes or minimizes the need for additional orthodontic treatment.

130 CMR 420.431(C)(2) describes service limitations as they pertain to interceptive orthodontics, 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 determines if the treatment will prevent or minimize the handicapping malocclusion based on the clinical standards described in Appendix F of the Dental Manual. Interceptive orthodontic treatment may occur in the primary or transitional dentition, may include such procedures as the redirection of ectopically erupting teeth and correction of dental crossbite or recovery of space loss where overall space is inadequate. When initiated during the incipient 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.

Appendix F of the Dental Manual for MassHealth providers states the following:

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:

- A) Cleft lip, cleft palate, and/or significant craniofacial anomaly;
- B) Two or more teeth (6-11) in crossbite with photograph documenting 100% of the incisal edge in complete edge in complete overlap with opposing tooth / teeth;
- C) Deep impinging overbite;
- D) 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;
- E) 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;
- F) Crowding with radiograph documenting current boney 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;
- G) Crowding with radiograph documenting resorption of 25% of the root of an adjacent permanent tooth; or
- H) 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 appellant, through his orthodontic provider [REDACTED] submitted a request for interceptive orthodontic treatment. [REDACTED] noted on the request that the appellant “has a Class I malocclusion complicated by an anterior crossbite and needs limited orthodontics.” He did not assert that any of the above criteria exists. The MassHealth orthodontist reviewed the appellant’s documentation, including X-rays, photographs and the results of a physical examination. He verified that none of the above situations exist. Additionally, there is nothing in the appellant’s submission to show medical necessity for the interceptive orthodontic treatment. Accordingly, MassHealth correctly denied the request for interceptive orthodontic treatment.

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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: DentaQuest