

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

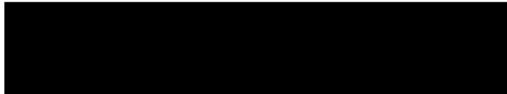
Appeal Number: 2311841

Decision Date: 01/11/2024

Hearing Date: 12/18/2023

Hearing Officer: Rebecca Brochstein

Appearances for Appellant:



Appearances for MassHealth:

Dr. Katherine Moynihan



*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:	01/11/2024	Hearing Date:	12/18/2023
MassHealth Rep.:	Dr. Katherine Moynihan	Appellant Reps.:	Appellant and Mother
Hearing Location:	Tewksbury MassHealth Enrollment Center		

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 November 7, 2023, MassHealth denied the appellant's request for prior authorization for interceptive orthodontic treatment (Exhibit 1). The appellant filed a timely request for hearing on November 21, 2023 (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 does not meet the clinical criteria for interceptive orthodontic treatment.

Summary of Evidence

MassHealth was represented at hearing by an orthodontic consultant from DentaQuest, the MassHealth dental contractor. The evidence reflects that the appellant's provider submitted a prior authorization request for interceptive (Phase I) orthodontic treatment, together with photographs, on November 2, 2023. The DentaQuest consultant testified that interceptive treatment is meant to prevent or minimize a developing malocclusion that reduces the need for subsequent orthodontic treatment. She testified that the documentation submitted by the provider states that the appellant has a Class II malocclusion with moderate bimaxillary crowding, a severe overjet, and constricted arches. The provider recommended Phase I interceptive treatment in the form of a palatal expander appliance, also indicating that the "Phase II treatment is expected in the future." See Exhibit 4 at 10.

The MassHealth orthodontist, who reviewed the provider's submission and examined the appellant's teeth, testified that the appellant's condition does not meet MassHealth's clinical criteria for coverage of Phase I interceptive treatment. She offered examples of what would warrant interceptive treatment, including crossbites and forward shifts of the lower jaw. She stated that MassHealth considers a severe overbite as part of the criteria for Phase II orthodontic treatment, which is full braces. She noted that the appellant is too young for Phase II treatment, as he would first have to lose more baby teeth.

The appellant appeared at the hearing with his mother, who testified on his behalf. She argued that his overjet is obvious from looking at him. She stated that she disagrees with MassHealth's determination because it is clear he needs treatment, emphasizing that the provider believes he needs this preliminary work before he gets braces. The mother argued that it is better to treat the problem sooner rather than later.

Findings of Fact

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

1. The appellant is a MassHealth member under the age of 21.
2. On November 2, 2023, the appellant's orthodontic provider submitted a prior authorization request seeking MassHealth coverage of interceptive orthodontic treatment.
3. The appellant's provider indicated that the appellant has a Class II malocclusion with moderate bimaxillary crowding, a severe overjet, and constricted arches. The provider sought coverage of a palatal expander appliance and indicated that "Phase II treatment is expected in the future."
4. On November 7, 2023, MassHealth denied the appellant's prior authorization request for interceptive orthodontic treatment.

5. On November 21, 2023, the appellant filed an appeal with the Board of Hearings.
6. The record contains no evidence of any of the following conditions: Constricted palate, deep impinging overbite, Class III malocclusion, craniofacial anomalies, anterior cross bite, or dentition exhibiting results of harmful habits or traumatic interferences between erupting teeth.

Analysis and Conclusions of Law

Under 130 CMR 420.431(B)(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.” The eligibility requirements for interceptive treatment are described at 130 CMR 420.431(C)(2) 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.¹

¹ Appendix F of the MassHealth Dental Manual offers the following non-exclusive list of medical conditions that may 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 3.5mm, 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.

(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.

In this case, MassHealth determined that the appellant does not meet the clinical criteria for interceptive orthodontic treatment. This determination is supported by the record. The provider indicated that the appellant has a Class II malocclusion, with moderate bimaxillary crowding, a severe overjet, and constricted arches. There is no allegation, nor any clinical evidence, that the appellant has any of the conditions set forth at 420.431(C)(2)(b) above that are required for approval of interceptive treatment. Importantly, the provider also noted that the need for Phase II comprehensive orthodontic treatment is “expected in the future.” Accordingly, the appellant has not shown that the proposed interceptive treatment will prevent or minimize the development of a handicapping malocclusion and, therefore, minimize or preclude the need for comprehensive orthodontic treatment. See 130 CMR 420.431(B)(2).

For the foregoing reasons, 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.

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: DentaQuest