

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2312911
<b>Decision Date:</b>	02/01/2024	<b>Hearing Date:</b>	01/10/2024
<b>Hearing Officer:</b>	Christine Therrien		

**Appearance for Appellant:**



**Appearance for MassHealth DentaQuest:**

Dr. David Cabeceiras



*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>	Orthodontics
<b>Decision Date:</b>	02/01/2024	<b>Hearing Date:</b>	01/10/2024
<b>MassHealth's Rep.:</b>	Dr. Cabeceiras	<b>Appellant's Rep.:</b>	Father, Mother
<b>Hearing Location:</b>	Taunton 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

Through a notice dated 11/28/23, MassHealth denied the appellant's prior authorization request for interceptive orthodontic treatment of the transitional dentition. (Exhibit 1). The appellant filed an appeal in a timely manner on 12/11/23. (Exhibit 2). Denial of an application or request for assistance is a valid ground for appeal. (130 CMR 610.032).

## Action Taken by MassHealth DentaQuest

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

## Summary of Evidence

MassHealth was represented by a licensed orthodontist who stated the appellant requested prior authorization for interceptive orthodontic treatment. On 11/21/23, the appellant's treating orthodontist submitted a request for interceptive orthodontic treatment stating the appellant had an "excessive overjet" and "excessive spacing and sociopsychological effects". (Exhibit 1). On 11/28/23, MassHealth denied the appellant's request for interceptive orthodontic treatment citing "Per Dental Director review, submitted documentation did not support the medical necessity of interceptive orthodontic treatment. Specifically, 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." (Exhibit 1). The MassHealth representative testified to MassHealth's determination and found, upon examination, that the appellant did not meet any of the six qualifiers to receive interceptive treatment. The MassHealth representative testified that in simple terms the six qualifiers include a cleft lip or palate, two or more teeth in crossbite - anterior, two or more teeth in crossbite – posterior, impaction in the bone, severe crowding with root resorption, or an underbite. The MassHealth representative testified that the appellant did not have a full, erupted set of permanent teeth and he should re-submit the request when more baby teeth have fallen out.

The appellant submitted a letter from [REDACTED] who is an orthodontist in [REDACTED]. [REDACTED] states the appellant requires the interceptive treatment because he has a "pronounced overjet, significantly compromising lip sealing and manifesting breathing difficulties," and the appellant's "canine is notably rotated a condition that not only intensifies aesthetic concerns but also demands immediate action to prevent functional and structural complications." (Exhibit 1). The appellant's father testified that he does not like the way qualifying for orthodontic treatment is handled, and that his son is bullied, and does not like having his picture taken.

The MassHealth representative testified that if the appellant has medical or psychological problems due to his teeth, he can submit a letter from his treating physician. The treating orthodontist did not submit a letter of medical necessity.

The appellant's father testified that the appellant has psychological problems and is being treated in [REDACTED]. The appellant's father stated that he would not get a letter from the appellant's treating physician because he feels orthodontists are "just in it for the money."

## **Findings of Fact**

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

1. On 11/21/23, the appellant's treating orthodontist submitted a request for interceptive orthodontic treatment stating the appellant had an "excessive overjet" and "excessive

spacing and sociopsychological effects”.

2. On 11/28/23, MassHealth denied the appellant’s request for interceptive orthodontic treatment citing “Per Dental Director review, submitted documentation did not support the medical necessity of interceptive orthodontic treatment. Specifically, 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.”
3. MassHealth determined that the appellant did not meet any of the six qualifiers to receive interceptive treatment.
4. The appellant did not have a full, erupted set of permanent teeth and had lots of baby teeth.
5. If the appellant has medical or psychological problems due to his teeth, he can submit a letter from his treating physician.
6. The treating orthodontist did not submit a letter of medical necessity.

## **Analysis and Conclusions of Law**

MassHealth will pay for interceptive orthodontic treatment once during a member's lifetime. MassHealth will determine 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))

130 CMR 420.431(C)(2) Interceptive Orthodontics reads as follows.

- (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 crossbite, or dentition exhibiting results of harmful habits or traumatic interferences between erupting teeth.<sup>1</sup>

---

<sup>1</sup> Dental Manual, Appendix F: Prior Authorization for Interceptive Orthodontic Treatment (B)(2) Supporting documentation. 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

- (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 above-cited regulation makes clear the requirements for approval of interceptive orthodontic treatment including evidence that at least one of the following conditions exist listed in the Dental Manual, Appendix F(B)(2).<sup>2</sup>

- (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

---

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 medical necessity 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 interceptive 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 interceptive orthodontic treatment. The medical necessity narrative must be signed and dated by the requesting provider and submitted on the office letterhead of the provider. 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). The requesting provider is responsible for coordinating with the other involved clinician(s) and is responsible for

<sup>2</sup> The *Dental Manual* can be found at <https://www.mass.gov/doc/appendix-f-authorization-for-interceptive-orthodontic-treatment/download> (last seen 1/24/24).

- 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 3.5 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.

The MassHealth representative testified that at this time the appellant did not have a full, erupted set of permanent teeth, and he did not meet any of the conditions listed in Dental Manual, Appendix F(B)(2)(b). The appellant does not meet the requirements of 130 CMR 420.431(C)(2), and therefore the denial of the prior authorization request is 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.

---

Christine Therrien  
Hearing Officer  
Board of Hearings

cc: 5MassHealth Representative: DentaQuest 1, MA