

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401604
Decision Date:	03/28/2024	Hearing Date:	03/04/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:




Appearance for MassHealth:

Dr. Katherine Moynihan



*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:	Prior Authorization – Interceptive Orthodontics
Decision Date:	03/28/2024	Hearing Date:	03/04/2024
MassHealth's Rep.:	Dr. Katherine Moynihan	Appellant's Rep.:	
Hearing Location:	Tewksbury MassHealth Enrollment Center	Aid Pending:	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 January 11, 2024, MassHealth denied the appellant's prior authorization request for interceptive orthodontic treatment (Exhibits 1 and 4). The appellant filed this appeal in a timely manner on January 31, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

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

Issue

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 hearing by Dr. Katherine Moynihan, an orthodontic consultant from DentaQuest. DentaQuest is the third-party company that administers and manages the dental program available to MassHealth members, including the appellant, who is a minor. The appellant appeared at hearing in person, along with his mother.

Dr. Moynihan testified that on January 9, 2024, MassHealth received a prior authorization request from the appellant's orthodontic provider requesting interceptive orthodontic treatment for his excessive overjet and deep impinging bite that is articulating on his palate. The provider proposed upper 2x4 brackets and expansion therapy. On January 11, 2024, MassHealth denied appellant's request for interceptive orthodontic treatment. The MassHealth representative testified that MassHealth only covers interceptive orthodontic treatment for a very limited number of conditions. Those limited conditions 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 orthodontist reviewed the document submitted, including x-rays and photographs, and examined the appellant's mouth. She testified that none of the above conditions are present in the appellant. She agreed with the appellant's orthodontist's proposed course of treatment, but the appellant does not meet MassHealth's criteria for interceptive treatment. Additionally, she noted that the appellant does not have enough adult teeth for comprehensive orthodontic treatment.

The appellant's mother testified that the appellant does not want to smile for photographs, and he sleeps with his mouth open.

Findings of Fact

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

1. On January 9, 2024, MassHealth received a prior authorization request for interceptive orthodontic care from the appellant's orthodontic provider on his behalf (Testimony and Exhibit 4).
2. On January 11, 2024, MassHealth denied the request for interceptive orthodontic treatment (Exhibits 1 and 4).
3. On January 31, 2024, the appellant timely appealed the denial (Exhibit 2).
4. The appellant is under 21 years of age and appeared at hearing with his mother (Exhibit 4).
5. At hearing, a MassHealth orthodontic consultant reviewed the provider's documentation, including x-rays and photographs, and examined the appellant.
6. The appellant does not have any conditions warranting interceptive treatment, including the following:
 - 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.

Analysis and Conclusions of Law

Interceptive treatment includes the 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. 130 CMR 420.431(B)(2).

130 CMR 420.431(C)(2) describes service limitations as they pertain to interceptive orthodontics, as follows:

- (a) The MassHealth agency pays for interceptive orthodontic treatment once per member per lifetime. The MassHealth agency determines whether treatment will prevent or minimize the 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.

Appendix F of the Dental Manual also 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:

- 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 appellant, through his orthodontic provider, submitted a request for interceptive orthodontic treatment. The MassHealth orthodontist reviewed the appellant's documentation, including x-rays and photographs, and examined the appellant's mouth in person. She verified that none of the above criteria for interceptive treatment exist in the appellant's mouth. Accordingly, MassHealth correctly denied the appellant's prior authorization request for interceptive orthodontic treatment 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 3, MA