

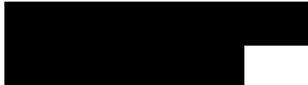
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2402553
Decision Date:	4/18/2024	Hearing Date:	03/18/2024
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:



Appearance for MassHealth:

Katherine Moynihan, DMD



*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:	Orthodontic Services
Decision Date:	4/18/2024	Hearing Date:	03/18/2024
MassHealth's Rep.:	Katherine Moynihan, DMD	Appellant's Rep.:	Mother; Appellant
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

On 2/8/2024, MassHealth denied Appellant's prior authorization (PA) request for comprehensive orthodontic treatment of the adolescent dentition, under procedure code D8080 with periodic orthodontic visits under codes D8670. See Exhibits 1 and 5. On 2/20/24 Appellant's mother timely appealed the decision on her son's behalf. 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 Appellant's PA request for comprehensive orthodontic treatment because documentation showed he did not meet the clinical criteria for coverage.

Issue

The appeal issue is whether MassHealth correctly denied Appellant's request for comprehensive orthodontic treatment on the basis that he did not meet the clinical criteria for coverage.

Summary of Evidence

At hearing, MassHealth was represented by [REDACTED] a board-certified orthodontist and consultant for DentaQuest (also referred to herein as the “MassHealth representative”). DentaQuest is the third-party contractor that administers and manages the MassHealth dental program. According to testimony and documentary evidence presented by the MassHealth representative, Appellant is a minor child and MassHealth recipient. On 1/25/24 Appellant’s provider sent MassHealth a prior authorization (PA) request seeking coverage for procedure code D8080 - *comprehensive orthodontic treatment of the adolescent dentition* and eight (8) counts of procedure code D8670 - *periodic orthodontic treatment visits*. See Exh. 5, p. 6. In support thereof, the provider indicated that Appellant had an “auto-qualifying” condition of “impinging overbite with evidence of occlusal contact to the opposing soft tissue” and a total HLD score of 22 points. See id. at 16. On 2/8/24, MassHealth denied the request because the documentation did not meet the clinical criteria for treatment as follows:

Services denied per Dental Director review. Based on the information received, case does not qualify for braces because the member does not have 1st premolars and permanent 1st molars erupted. Comprehensive orthodontia is allowed to include transitional dentition only for craniofacial anomalies such as cleft lip or cleft palate cases. Case may qualify when member has 1st premolars and permanent 1st molars erupted.

Id.

At hearing, Dr. Moynihan explained that Appellant’s provider is seeking coverage for comprehensive orthodontic treatment of the *adolescent dentition*. As the procedure name suggests, the member must have developed sufficient adolescent dentition before MassHealth will pay for treatment. Specifically, MassHealth will not authorize treatment until there is evidence that the member’s 1st premolars and permanent 1st molars have erupted.

[REDACTED] testified that MassHealth denied the PA request because the x-rays and facial photographs submitted therein showed that Appellant’s 1st premolars and permanent 1st molars had not erupted. Dr. Moynihan conducted a secondary review of the images submitted and performed an in-person oral examination of Appellant at hearing. Based on her review and examination, [REDACTED] agreed with MassHealth’s initial findings and thus affirmed the denial on grounds that Appellant did not have enough adult teeth, or adolescent dentition, to warrant coverage at this time. [REDACTED] explained the Appellant may later qualify for coverage; however, given the presence of multiple primary teeth, he had not reached the adolescent dentition stage, and any further consideration by MassHealth at this time was premature. As such, MassHealth did not render an official determination as to whether the documentation supported the auto-qualifying condition or scoring reflected, as reflected by the provider on the HLD form.

At hearing, Appellant's mother testified that this was not the first PA request submitted by Appellant's orthodontist, and that they have sought coverage for comprehensive orthodontic treatment since Appellant was about [REDACTED]. The mother explained that the need for braces is part of a treatment plan by his orthodontist and dentist to address his impacted canines. The plan involved pulling two baby teeth that are/were present in the area of impaction. The dentist already pulled one tooth, but refused to pull the other unless braces are applied to ensure the new tooth will come in correctly. Prior to hearing Appellant's provider submitted copies of the photographs and x-rays that had also been included with the PA request. See Exh. 4.

In response, Dr. Moynihan testified that she had reviewed the images submitted by Appellant and noted that the photographs were taken recently, but the x-rays were from 2022. See id. [REDACTED] explained that even if the provider submitted updated x-rays, it would not change the outcome of this case as she was able to verify through oral examination that Appellant's 1st premolars and permanent 1st molars had not erupted.

Findings of Fact

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

1. Appellant is a minor child and MassHealth recipient.
2. On 1/25/24 Appellant's provider sent MassHealth a prior authorization (PA) request seeking coverage for procedure code D8080 - *comprehensive orthodontic treatment of the adolescent dentition* and eight (8) counts of procedure code D8670 - *periodic orthodontic treatment visits*.
3. In support of the request, the provider indicated that Appellant had an "auto-qualifying" condition of "impinging overbite with evidence of occlusal contact to the opposing soft tissue" and a total HLD score of 22 points.
4. On 2/8/24, MassHealth denied the request on the basis that Appellant did not meet clinical criteria for coverage; specifically, because his 1st premolars and permanent 1st molars had not yet erupted.
5. Pursuant to an in-person oral examination at hearing, [REDACTED], a Board-certified orthodontist and MassHealth consultant, confirmed that Appellant's 1st premolars and permanent 1st molars have not erupted.

Analysis and Conclusions of Law

This appeal addresses whether MassHealth correctly denied Appellant's prior authorization (PA)

request for D8080 - *comprehensive orthodontic treatment of the adolescent dentition* and eight (8) counts of procedure code D8670 - *periodic orthodontic treatment visits*. MassHealth covers the cost of medically necessary dental services for its members, subject to the service descriptions and limitations set forth in its regulations. See 130 CMR 420.425. MassHealth regulations governing coverage of orthodontic treatment states, in relevant part, the following:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime under the age of 21 and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on clinical standards for medical necessity as described in Appendix D of the Dental Manual.

.....

Comprehensive orthodontic care should commence when the first premolars and 1st permanent molars have erupted. It should only include the transitional dentition in cases with craniofacial anomalies such as cleft lip or cleft palate. Comprehensive treatment may commence with second deciduous molars present.

See 130 CMR 420.431(C)(3) (emphasis added).

In reviewing the PA request, a MassHealth orthodontic consultant reviewed the photographs and x-rays included therein and found that Appellant's first premolars and 1st permanent molars had not yet erupted. This finding was confirmed after a second orthodontic consultant performed an in-person oral examination of Appellant at hearing. Appellant did not dispute this finding, but rather, asserted that Appellant's orthodontist and dentist cannot proceed to treat Appellant's impacted canines until braces are in place. The provider's rationale, which may be valid, fails to demonstrate any error by MassHealth in denying coverage at this time.¹ As Appellant still has primary teeth and has not reached the adolescent dentition stage, MassHealth did not err in denying Appellant's PA request for comprehensive orthodontic treatment. See 130 CMR 420.431(C)(3).

Based on the foregoing, this appeal is DENIED.

Order for MassHealth

None.

¹ There was no evidence presented at hearing that would indicate Appellant has a craniofacial anomaly, such as a cleft lip or cleft palate, that would warrant comprehensive orthodontic treatment to begin while the member is still in the transitional dentition stage. See 130 CMR 420.431(C)(3)

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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest