

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412692
Decision Date:	9/30/2024	Hearing Date:	09/30/2024
Hearing Officer:	Alexandra Shube		

Appearances 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:	9/30/2024	Hearing Date:	09/30/2024
MassHealth's Rep.:	Dr. Katherine Moynihan	Appellant's Rep.:	Father
Hearing Location:	Charlestown 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 August 1, 2024, MassHealth denied the appellant's prior authorization request for interceptive orthodontic treatment (Exhibits 1 and 5). The appellant filed this appeal in a timely manner on August 15, 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's father appeared in-person at hearing.

Dr. Moynihan testified that on July 24, 2024, MassHealth received a prior authorization request from the appellant's orthodontic provider requesting interceptive orthodontic treatment for his deep bite and anterior crossbite. On August 1, 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 documents submitted, including x-rays and photographs, and testified that none of the above conditions are present in the appellant. The appellant does not meet MassHealth's criteria for interceptive treatment. She explained that the appellant does have a crossbite, but there is only one tooth from teeth numbers 6 through 11 in the crossbite. To qualify for interceptive treatment, there need to be two or more teeth numbers 6 through 11 in crossbite. Additionally, she noted that according to his x-rays, the appellant almost has the dentition needed for comprehensive orthodontic treatment, but he is missing his first pre-molars. While she cannot predict his growth, based on the x-rays dated July 22, 2024, she estimated his pre-molars would erupt about six months from the time of the x-rays. Once his first

pre-molars erupt, he would have the dentition needed to be eligible for comprehensive orthodontic treatment. She suggested that the appellant request that his orthodontist submit a new prior authorization to MassHealth for comprehensive orthodontic treatment once his pre-molars erupt. Comprehensive orthodontic treatment would address all the conditions in the appellant's mouth, including the crossbite and deep bite, whereas the interceptive treatment would only address the crossbite and deep bite.

The appellant's father testified that this was the fourth denial he received for the requested interceptive treatment, so he decided to appeal because he wanted more clarity on why the requested treatment kept being denied. Because of the appellant's teeth and bite, he is having trouble eating and has lost a lot of weight. He cannot bite and eat properly.

Findings of Fact

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

1. On July 24, 2024, MassHealth received a prior authorization request for interceptive orthodontic care from the appellant's orthodontic provider on his behalf (Testimony and Exhibit 5).
2. On August 1, 2024, MassHealth denied the request for interceptive orthodontic treatment (Exhibits 1 and 5).
3. On August 15, 2024, the appellant timely appealed the denial (Exhibit 2).
4. The appellant, whose father appeared at hearing on his behalf, is under 21 years of age (Exhibit 4).
5. At hearing, a MassHealth orthodontic consultant reviewed the provider's documentation, including x-rays and photographs.
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;
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- 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. 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

MassHealth Representative: DentaQuest 1, MA