

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2413467
Decision Date:	10/31/2024	Hearing Date:	10/09/2024
Hearing Officer:	Radha Tilva		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Harold Kaplan (DentaQuest consultant)



*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 – orthodontics – interceptive treatment
Decision Date:	10/31/2024	Hearing Date:	10/09/2024
MassHealth’s Rep.:	Dr. Harold Kaplan	Appellant’s Rep.:	██████
Hearing Location:	Quincy Harbor South	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 July 16, 2024, MassHealth denied appellant’s prior authorization request for interceptive orthodontic treatment (Exhibit 1). The appellant filed this appeal in a timely manner on August 28, 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 appellant’s prior authorization request for interceptive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant is ineligible for interceptive orthodontic treatment.

Summary of Evidence

A prior authorization request for interceptive treatment was submitted to MassHealth by appellant's dental provider on July 1, 2024 (Exhibit 5). MassHealth issued a denial on or about July 16, 2024. The MassHealth representative who appeared at hearing testified that he would have to uphold MassHealth's denial of interceptive treatment, as there was no explanation provided by the dental provider as to what type of interceptive treatment was being requested. The MassHealth consultant testified that he felt that appellant was young for treatment and had no teeth in crossbite, based on the radiographs and photos submitted. In his prior authorization request, the dental provider only wrote, "anterior crowding" as the reason for interceptive treatment and did not circle any other conditions such as anterior crossbite, crowding, excessive overjet, or deep bite (Exhibit 5, p. 5).

The appellant, who is a minor child, was represented by his mother, who appeared at hearing. The appellant's mother testified that the dental provider wanted to put in an expander to expand the appellant's palate. She further stated that he had some teeth already removed, and the other teeth turned. There is not enough room for the teeth to come down (Testimony). The appellant's mother also stated that there were spacers put into appellant's mouth already before he had the X-rays and photographs taken.

Findings of Fact

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

1. A prior authorization request for interceptive treatment for the appellant was submitted to MassHealth by appellant's dental provider on July 1, 2024.
2. MassHealth issued a denial of the prior authorization request on or around July 16, 2024.
3. In its prior authorization request, the dental provider documented only "anterior crowding" as the reason for interceptive treatment.
4. Appellant, who is a minor child, has no teeth in crossbite (MassHealth testimony).
5. Appellant's dental provider is seeking a palatal expander, but did not explain the treatment plan in the prior authorization request.

Analysis and Conclusions of Law

130 CMR 420.431(C)(2) explains in what instances MassHealth covers interceptive orthodontic treatment:

(2) Interceptive Orthodontics.

(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 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.

(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.

(Emphasis added)

The MassHealth representative who appeared at hearing did not find that any of the conditions listed at 130 CMR 420.431(C)(2)(b) existed. Upon review of the paperwork submitted by appellant's dental provider, there is no description of a 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.¹

As there is no evidence to support the indication of one of these required conditions, MassHealth did not err in denying the prior authorization request.

Based on the above analysis, this appeal is DENIED.

Order for MassHealth

¹ The appellant's dental provider documented only "anterior crowding" as a reason for requesting interceptive orthodontic treatment. This condition is not among those listed at 130 CMR 420.431(C)(2)(b), above.

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.

Radha Tilva
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA