

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2414977
<b>Decision Date:</b>	11/22/2024	<b>Hearing Date:</b>	11/18/2024
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Katherine Moynihan, DentaQuest



*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>	Dental Services – Orthodontic Services
<b>Decision Date:</b>	11/22/2024	<b>Hearing Date:</b>	11/18/2024
<b>MassHealth's Rep.:</b>	Dr. Katherine Moynihan, DentaQuest	<b>Appellant's Rep.:</b>	██████████
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	No

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

On 09/09/2024, MassHealth informed the appellant that a prior authorization request for interceptive orthodontic treatment submitted on the appellant's behalf was denied (Exhibit 1). The appellant appealed this matter in a timely manner on 09/29/2024 (Exhibit 2). Denial of benefits is valid grounds for appeal (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 by a licensed orthodontist consultant from DentaQuest, the contractor that makes the dental decisions for MassHealth. The consultant indicated that on 08/29/2024, MassHealth received a prior authorization request from the appellant's dental provider, [REDACTED], requesting interceptive orthodontic treatment of transitional dentition. [REDACTED] noted that the appellant has "impinging deep bite and upper diastema of 3 mm" (Exhibit 4). On 09/09/2024, MassHealth denied appellant's request for interceptive orthodontic treatment (Exhibit 4). The MassHealth orthodontist testified to MassHealth's determination that the appellant has mixed dentition, meaning both baby teeth and adult teeth, but has no evidence of any of the situations:

- A. 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;
- B. 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;
- C. 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;
- D. 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;
- E. Crowding with radiographic evidence documenting resorption of 25% of the root of an adjacent permanent tooth.
- F. 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 also testified that the appellant's treating orthodontist did not allege any of the above situations or, alternatively, that there is other information that satisfies medical necessity. The MassHealth orthodontist reviewed the X-rays and photographs and concluded that, based on her review, the appellant did not meet any of the above criteria. As a result, the MassHealth orthodontist concluded that MassHealth could not approve the interceptive orthodontic treatment requested by the appellant's provider.

The appellant, a minor child, was represented by her mother, who appeared in person at the fair hearing. The mother testified that she thought the orthodontist requested comprehensive

orthodontia. She is concerned about the space between the appellant's two front, top teeth.

The MassHealth orthodontist responded that the appellant's situation does not meet the above criteria for MassHealth approval of interceptive orthodonture, but the appellant should be followed by an orthodontist to determine whether her malocclusion worsens to the point of meeting the criteria or until the appellant's adult dentition comes in, at which time she should be evaluated for comprehensive orthodontic services.

## **Findings of Fact**

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

1. On 08/29/2024, a prior authorization request for MassHealth payment for interceptive orthodontic treatment was submitted on the appellant's behalf by her orthodontic treating source.
2. On 09/09/2024, MassHealth denied the request for interceptive orthodontic treatment.
3. The appellant is under 21 years of age and was represented at the fair hearing by her mother.
4. At the fair hearing, the MassHealth consultant, a licensed orthodontist, reviewed the materials submitted with the prior authorization request, including X-rays, photographs and documentation.
5. The appellant's treating orthodontist indicated that he did not include with the PA request a medical necessity narrative with documentation.
6. The appellant does not have any of the following situations:
  - A. 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;
  - B. 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;
  - C. 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;
  - D. 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;
  - E. Crowding with radiographic evidence documenting resorption of 25% of the root of an adjacent permanent tooth.

- F. 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

130 CMR 420.431(D) states the following:

(D) Interceptive Orthodontic-Treatment Visits. The goal of preventive or interceptive orthodontics is to prevent or minimize a developing malocclusion with primary or mixed dentition. Use of this treatment precludes or minimizes the need for additional orthodontic treatment.

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

The MassHealth agency pays for interceptive orthodontic treatment once per member per lifetime as an extension of preventative orthodontics that may include localized tooth movement. The MassHealth agency determines if the treatment will prevent or minimize the handicapping malocclusion based on the clinical standards described in Appendix F of the Dental Manual. Interceptive orthodontic treatment may occur in the primary or transitional dentition, may include such procedures as the redirection of ectopically erupting teeth and correction of dental crossbite or recovery of space loss where overall space is inadequate. When initiated during the incipient 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.

Appendix F of the Dental Manual for MassHealth providers 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:

- A. 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;
- B. 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;
- C. 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;

- D. 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;
- E. Crowding with radiographic evidence documenting resorption of 25% of the root of an adjacent permanent tooth.
- F. 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 her orthodontic provider, submitted a request for interceptive orthodontic treatment. Her provider did not assert that any of the above situations exist. The MassHealth orthodontist reviewed the appellant's documentation, including X-rays and photographs. She verified that none of the above situations exist. Additionally, there is nothing in the appellant's submission to show medical necessity for the interceptive orthodontic treatment. Accordingly, MassHealth correctly denied the request for interceptive orthodontic treatment.

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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA

