

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|----------------|------------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2415903 |
| Decision Date: | 01/07/2025 | Hearing Date: | 11/18/2024 |
| Hearing Officer: | Patrick Grogan | Record Open to: | N/A |

Appearance for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras


Interpreter:

N/A



*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

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|---------------------------|--|--------------------------|---|
| Appeal Decision: | Denied | Issue: | Prior Authorization, Interceptive Orthodontic Care |
| Decision Date: | 01/07/2025 | Hearing Date: | 11/18/2024 |
| MassHealth's Rep.: | Dr. David Cabeceiras | Appellant's Rep.: |  |
| Hearing Location: | Taunton MassHealth Enrollment Center Room 1 | 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 September 29, 2024, MassHealth denied the Appellant's application for prior approval for orthodontic treatment, interceptive care (Exhibit 1). The Appellant filed this appeal in a timely manner on October 17, 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 request for prior authorization for interceptive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431(C), in determining that the appellant is ineligible for interceptive orthodontic treatment.

Summary of Evidence

The Appellant is a MassHealth member under the age of 18 who appeared at Hearing along with her mother. MassHealth was represented by Dr. David Cabeceiras, an orthodontist and consultant from DentaQuest, the entity that has contracted with MassHealth agency to administer and run the agency's dental program for MassHealth members. The hearing was held in-person at the MassHealth Enrollment Center in Taunton, Massachusetts on November 18, 2024.

Dr. Cabeceiras testified that MassHealth does not cover orthodontics for every single child who is a MassHealth member with dental insurance. By law, the agency can only cover requests and pay for treatment for full orthodontics when the bad bite or "malocclusion" meets a certain high standard. It is not enough to say that the Appellant has imperfect teeth, or that the member and their family has been told by a dentist that the patient would generally need or benefit from braces. Instead, to obtain approval, the bite or condition of the teeth must have enough issues or discrepancies that it falls into the group of malocclusions with the most severe or handicapping issues. (Testimony)

The Appellant's orthodontic provider submitted a prior authorization request for interceptive orthodontic treatment, together with photographs and photographs of x-rays dated from September 2024. (Exhibit 5) No Medical Necessity Narrative was submitted. (Exhibit 5, pg. 10) Dr. Cabeceiras testified that although he observed a crossbite, it was with one tooth, and the Regulations require a crossbite involving two or more teeth. (Testimony, 130 CMR 431(C)(2), Appendix F of the Dental Manual) Based upon this testimony, Dr. Cabeceiras indicated that he could not overturn the denial of prior authorization for interceptive care. (Testimony)

The Appellant's mother testified that the chosen orthodontist informed her that the Appellant needs to undergo interceptive care. (Testimony). The Appellant's mother stated that the chosen orthodontist informed her that if she began interceptive care, that MassHealth would not pay for comprehensive orthodontic treatment. (Testimony). Dr. Cabeceiras stated that the Appellant can benefit from interceptive care, but that receiving interceptive care would not preclude the Appellant from receiving comprehensive orthodontic care, provided that the Appellant met the requisite criteria. (Testimony)

Findings of Fact

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

1. The Appellant is a MassHealth member under the age of 18 who appeared at Hearing

along with her mother.

2. MassHealth was represented by Dr. David Cabeceiras, an orthodontist and consultant from DentaQuest, the entity that has contracted with MassHealth agency to administer and run the agency's dental program for MassHealth members.
3. The hearing was held in-person at the MassHealth Enrollment Center in Taunton, Massachusetts on November 18, 2024.
4. The Appellant's orthodontic provider submitted a prior authorization request for interceptive orthodontic treatment, together photographs and photographs of x-rays dated from September 2024. (Exhibit 5)
5. No Medical Necessity Narrative was submitted. (Exhibit 5, pg. 10)
6. Dr. Cabeceiras testified that although he observed a crossbite, it was with one tooth, and the Regulations require a crossbite involving two or more teeth. (Testimony, 130 CMR 431(C)(2), Appendix F of the Dental Manual)

Analysis and Conclusions of Law

MassHealth defines interceptive care within 130 CMR 431(B)(2):

(B) Definitions.

(2) Interceptive Orthodontic Treatment. Includes 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.

The requirements for interceptive treatment are codified within 130 CMR 431(C)(2):

(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 cross bite, 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.

Appendix F of the Dental Manual¹ sets forth the following guidelines:

Prior Authorization for Interceptive Orthodontic Treatment

MassHealth approves prior authorization (PA) requests for interceptive orthodontic treatment if such treatment will prevent or minimize the development of a handicapping malocclusion or preclude the need for comprehensive orthodontic treatment. 130 CMR 420.431(B)(2). The process for requesting PA for interceptive orthodontic treatment is described below:

(A) Provider performs pre-orthodontic treatment examination (130 CMR 420.431(C)(1)) to determine if orthodontic treatment is necessary.

(B) Provider completes and submits the following:

(1) 2012 ADA Claim form requesting authorization for interceptive orthodontic treatment. The form must include:

- (a) the code for the appliance requested (D8050 or D8060); and
- (b) the code (D8999) for requested adjustments visits; and
- (c) the number of adjustment visits requested, not to exceed five (5).

(2) Supporting documentation. Providers must submit:

(a) a medical necessity narrative explaining why, in the professional judgment of the requesting provider and any other involved clinician(s), interceptive orthodontic treatment is medically necessary to prevent or minimize the development of a handicapping malocclusion or will preclude the need for comprehensive orthodontic treatment. The medical necessity narrative must clearly

¹ www.mass.gov/doc/appendix-f-authorization-for-interceptive-orthodontic-treatment/download, dated 10/15/22.

demonstrate why interceptive orthodontic treatment is medically necessary for the patient. If any part of the requesting provider's justification of medical necessity involves a mental, emotional, or behavioral condition; a nutritional deficiency; a speech or language pathology; or the presence of any other condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, then the medical necessity narrative and any attached documentation must:

- i. clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g., general dentist, oral surgeon, physician, clinical psychologist, clinical dietitian, speech therapist);
- ii. describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment;
- iii. state the specific diagnosis or other opinion of the patient's condition furnished by the identified clinician(s);
- iv. document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made);
- v. discuss any treatments for the patient's condition (other than interceptive orthodontic treatment) considered or attempted by the clinician(s); and
- vi. provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of interceptive orthodontic treatment. The medical necessity narrative must be signed and dated by the requesting provider and submitted on the office letterhead of the provider. If applicable, any supporting documentation from the other involved clinician(s) must also be signed and dated by such clinician(s), and appear on office letterhead of such clinician(s). The requesting provider is responsible for coordinating with the other involved clinician(s) and is responsible for compiling and submitting any

supporting documentation furnished by other involved clinician(s) along with the medical necessity narrative.

b) 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.

(3) imaging evidencing the existence of the condition(s) noted in the medical necessity narrative.

(4) a completed Appendix F attestation (found on page F-3 of Appendix F).

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God

of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

The Appellant has not demonstrated that interceptive orthodontic treatment will prevent or minimize the development of a handicapping malocclusion or preclude the need for comprehensive orthodontic treatment (130 CMR 420.431(B)(2)). The documentary evidence is insufficient to make a finding that the interceptive treatment should be approved. Specifically, the Appellant's provider failed to include a medically necessity narrative explaining why, in their professional judgment, interceptive orthodontic treatment is medically necessary to prevent or minimize the development of a handicapping malocclusion or will preclude the need for comprehensive orthodontic treatment. (Appendix F of the Dental Manual, (B)(2)(a)) Further, the Appellant's provider did not indicate that the appellant had any mental, emotional, or behavioral condition; a nutritional deficiency; a speech or language pathology; or the presence of any other condition that would justify the interceptive treatment described in his letter or authorization request. Additionally, only one tooth was involved with the crossbite, and pursuant to Appendix F of the Dental Manual (B)(2)(b)(i), two or more teeth must be involved.

Based upon this record, that Appellant has not met her burden, by a preponderance of evidence, to show that MassHealth's administrative determination is invalid. Accordingly, this 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.

Patrick Grogan
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 2, MA