

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417532
Decision Date:	2/12/2025	Hearing Date:	12/30/2024
Hearing Officer:	Casey Groff		

Appearance for Appellant:



Appearance for MassHealth:

Katherine Moynihan, DMD, Orthodontic
Consultant, 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

Appeal Decision:	Denied	Issue:	Orthodontic Services; Interceptive Treatment
Decision Date:	2/12/2025	Hearing Date:	12/30/2024
MassHealth's Rep.:	Katherine Moynihan, DMD	Appellant's Rep.:	Parent
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

Through a notice dated 9/20/24, MassHealth notified Appellant, a minor, that her prior authorization (PA) request for coverage of interceptive orthodontic treatment had been denied. *See* Exhs. 1 and 4. Appellant's parent/guardian filed a timely appeal of the decision on Appellant's behalf on 11/15/24. *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 issue on appeal is whether MassHealth erred in denying Appellant's request for coverage of interceptive orthodontic treatment.

Summary of Evidence

At hearing, MassHealth was represented by Katherine Moynihan, DMD, a board-certified and Massachusetts licensed orthodontist and consultant for DentaQuest. DentaQuest is the third-party contractor that administers and manages MassHealth's dental program. Through testimony and documentary submissions, the MassHealth representative presented the following evidence: Appellant is a MassHealth member under the age of 18. *See* Exh. 4. On 9/16/24, MassHealth received a prior authorization (PA) request from Appellant's orthodontic provider, [REDACTED] on behalf of Appellant, seeking coverage for interceptive ("phase I") orthodontic treatment under procedure codes D8020 and D8999. *See* Exhs. 1 and 4. According to the PA request, [REDACTED] planned to treat Appellant's anterior crossbite and class III malocclusion with a phase I palate expander, reverse pull headgear, and anterior braces. *See* Exh. 4, p. 10. The provider also submitted oral and facial photographs, a side x-ray, and panoramic X-rays in support of the PA request. *Id.*

Dr. Moynihan testified that MassHealth will only pay for phase I / interceptive treatment in extremely severe cases and/or where there is evidence of damage. MassHealth regulations limit coverage to scenarios where treatment is deemed medically necessary to minimize the severity of a developing handicapping malocclusion and/or prevent the need for more intensive comprehensive orthodontic treatment, i.e. full braces. MassHealth has set forth a non-exclusive list of conditions that may render an individual eligible for coverage, including certain anterior and posterior crossbites, crowding with evidence of bony impaction, and crowding with evidence of showing resorption of 25% the root of an adjacent permanent tooth, among other identified conditions. With respect to an anterior crossbite – which was the cited basis for treatment here – MassHealth will only cover interceptive treatment if documentation shows "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."

MassHealth explained that the PA request was initially reviewed by a different orthodontic consultant from DentaQuest. At that time, the consultant found no evidence that Appellant had any of the conditions listed in the regulations that were severe enough to qualify for interceptive treatment. Accordingly, through a notice dated 9/20/24, MassHealth denied Appellant's PA request on the basis that the "documentation did not support medical necessity of orthodontic treatment" pursuant to the program's clinical criteria. *See* Exh. 4 at 4.

At hearing, Dr. Moynihan performed an in-person oral examination of Appellant to assess whether MassHealth appropriately denied the requested treatment. Based on her examination, as well as her review of the documentation, Dr. Moynihan testified that she did not find evidence of an anterior crossbite involving a 100% overlap with the opposing tooth, as required to warrant coverage for phase I treatment. Dr. Moynihan testified that she found, at

most, a 50% overlap, but this did not amount to a full crossbite. Referring to the pictures in evidence, Dr. Moynihan explained how none of the top front teeth sat completely behind the lower teeth to be considered a 100% overlap. Dr. Moynihan testified that while Appellant's condition could certainly improve from interceptive treatment, it did not reach the level of severity that MassHealth requires in order for it to pay for the cost of treatment.

At hearing, Appellant's mother stated that she opposed MassHealth's coverage determination because her daughter's condition will only continue to worsen as more time passes. Prior to hearing, Appellant's mother submitted additional photographs from the orthodontic provider, which she felt showed the extent of her condition. She explained that Appellant's lower jaw is continuing to move forward causing an underbite. The proposed expander and reverse pull headgear would pull the upper jaw forward to reduce the developing malocclusion. Appellant cannot pay out-of-pocket for this treatment. The provider has recommended they start treatment sooner rather than later to avoid potential complications. Appellant's mother explained that if this treatment is denied, it will result in more intensive treatment that MassHealth will likely have to cover later on.

Findings of Fact

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

1. Appellant is a MassHealth member under the age of 18. (Exhibit 1; Exhibit 4).
2. On 9/16/24, MassHealth received a PA request from Appellant's orthodontic provider seeking coverage for interceptive orthodontic treatment to fix an anterior crossbite. (Testimony; Exh. 4).
3. A MassHealth dental consultant reviewed the PA request and found that Appellant did not meet the clinical criteria for coverage. (Testimony).
4. Through a notice dated 9/20/24, MassHealth denied Appellant's PA request for interceptive orthodontic treatment. (Testimony; Exh. 4).
5. At hearing, a board-certified orthodontist representing MassHealth conducted an in-person oral examination of Appellant, as well as a secondary review of the PA documentation. (Testimony).
6. Based on the examination and review, the orthodontic consultant found that Appellant's upper anterior teeth had, at most, a 50% overlap with the opposing teeth/tooth, and no evidence that Appellant had any condition that MassHealth recognized in its regulations and clinical coverage criteria that would warrant coverage

for interceptive treatment at the time of hearing. (Testimony).

Analysis and Conclusions of Law

MassHealth only pays for medical services or treatments that are “medically necessary.” Generally, a service is medically necessary if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

See 130 CMR 450.204(A).

MassHealth sets forth additional medical necessity criteria through its regulations and coverage guidelines applicable to each specific covered service type. See 130 CMR 450.204(D). The authority to implement such criteria is derived from federal law, which mandates state Medicaid plans, such as MassHealth, to specify the “amount, duration, and scope of each service that it provides for [its members].” 42 C.F.R. § 440.230. Although it may not “arbitrarily reduce or deny services” based on a member’s diagnosis or medical condition, the agency is permitted to “place appropriate limits on a service based on such criteria as medical necessity or utilization control procedures.” *Id.*

MassHealth’s dental regulations state the following regarding the scope of coverage for interceptive orthodontic services for beneficiaries who are under the age of 21:

- (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.

See 130 CMR 420.431(B)(2) (emphasis added in bold).

Appendix F, as incorporated by reference in § 420.431, above requires that providers submit a medical necessity narrative and sufficient documentation to support the request for interceptive orthodontic treatment, which may include, the following:

(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.

In this case, Appellant's provider requested that MassHealth pay for a palate expander, reverse pull headgear, and anterior braces (all phase I treatments) to correct Appellant's anterior crossbite. See Exh. 4, p. 10. Under MassHealth regulations, an anterior crossbite may render an individual eligible for interceptive treatment; however, as described in *Appendix F*, the severity of such crossbite must be sufficiently documented with photographic evidence showing that 100% of the incisal edges of at least two upper anterior teeth (teeth nos. 6-11) are in complete overlap with the opposing tooth/teeth. Here, no such evidence exists. See 130 CMR

420.431(B)(2) and *Appendix F*, §(2)(b)(i). The X-rays and photographs were reviewed by two MassHealth orthodontic consultants, one of whom also performed an in-person oral evaluation of Appellant at the hearing. Neither of the consultants found that Appellant's malocclusion reached the level of severity described in subsection (i), nor did they find evidence of any other enumerated condition that would warrant coverage at this time. Understandably, Appellant's mother advocated for treatment as soon as practicable to avoid a worsening of her daughter's condition. Indeed, there is no dispute that Appellant would *benefit* from the proposed treatment. The question on appeal, however, is whether there is insufficient evidence to the treatment is "*medically necessary*" as defined by MassHealth under 130 CMR §§ 450.204 and 422.431 (incorporating by reference Appendix F of the *Dental Manual*). By disputing the agency's adverse action, it is the appellant's burden to prove, beyond a preponderance of the evidence, that MassHealth erred in its determination. See *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (Mass. App. Ct. 2007). Based on the totality of evidence presented, and in consideration of the applicable regulatory authority, Appellant did not meet this burden. MassHealth acted in accordance with the applicable regulations in denying Appellant's prior authorization request.

Based on the foregoing, 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.

Casey Groff
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 2, MA