

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2418803
Decision Date:	3/6/2025	Hearing Date:	01/27/2025
Hearing Officer:	Kenneth Brodzinski		

Appearance 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 - Orthodontics
Decision Date:	3/6/2025	Hearing Date:	01/27/2025
MassHealth's Rep.:	Dr. Katherine Moynihan	Appellant's Rep.:	Father
Hearing Location:	Springfield MEC		

Authority

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

Jurisdiction

Through notice dated November 5, 2024, MassHealth denied Appellant's request for prior authorization for Phase 1 interceptive orthodontic treatment ([Exhibit A](#)). Appellant filed this appeal in a timely manner on December 10, 2024 (see 130 CMR 610.015(B) and [Exhibit A](#)). Denial of assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by the Division

MassHealth denied Appellant's request for prior authorization for Phase 1 interceptive orthodontic treatment.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied Appellant's request for Phase 1 interceptive orthodontic treatment.

Summary of Evidence

Masshealth appeared virtually. Appellant appeared in person.

The MassHealth representative, a practicing orthodontist, testified that Appellant's request for Phase 1 interceptive orthodontic treatment was considered in light of the written information provided in the prior authorization request form and oral photographs submitted by Appellant's dental provider (Exhibit B). The request indicates that the service is being sought to treat an overbite and overjet.

The MassHealth representative testified that the request was denied because MassHealth only covers Phase 1 interceptive orthodontic treatment for a limited list of conditions which are listed in the MassHealth Dental Office Reference Manual (ORM). Overjets and overbites are not on this list.

Appellant's father testified that Appellant's dental X-rays show that the problems are only getting worse, and he is worried about delaying treatment. According to the father, Appellant complains of pain and bleeding in his mouth. The father also testified that Appellant's bottom teeth are striking the upper pallet and damaging the tissue.

Findings of Fact

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

1. Appellant seeks prior authorization for Phase 1 interceptive orthodontic treatment.
2. Appellant's dental provider indicated that the service is being sought to treat and overbite and an overjet.
3. MassHealth denied the PA request because Masshealth does not cover Phase 1 interceptive orthodontic treatment for the treatment of overbites and overjets.

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity [REDACTED]

[REDACTED] On this record, Appellant has not met his burden.

The MassHealth Dental Office Reference Manual (at page 51) identifies the conditions which, if documented, may support a request for coverage for Phase 1 interceptive orthodontic treatment. They are as follows:

1. *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;*
2. *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;*
3. *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;*
4. *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;*
5. *Crowding with radiographic evidence documenting resorption of 25% of the root of an adjacent permanent tooth.*
6. *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.*

Insofar as this list does not contain overjets and overbites, MassHealth's denial was proper.

This record provides no basis in fact and or law to disturb MassHealth's decision. For the foregoing reasons, 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA