

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2502386
Decision Date:	05/29/2025	Hearing Date:	04/29/2025
Hearing Officer:	Casey Groff	Record Closed:	05/09/2025

Appearance for Appellant:




Appearance for MassHealth:

Benjamin Gamm, DDS, Orthodontic
Consultant, BeneCare;
Melinda Riggs, Appeals, BeneCare



*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
Decision Date:	05/29/2025	Hearing Date:	04/29/2025
MassHealth's Rep.:	Benjamin Gamm, DDS; Melinda Riggs	Appellant's Rep.:	
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

On 1/21/25, MassHealth notified Appellant, a minor, that his provider's prior authorization (PA) request for interceptive orthodontic treatment (procedure codes D8020 and D8999) had been denied. *See* Exhs 1 and 4. On 2/8/25, Appellant's grandmother / legal guardian filed a timely appeal of the decision on Appellant's behalf; however, she did not refer to, or provide a copy of, the MassHealth notice they were seeking to appeal. *See* 130 CMR 610.015(B) and Exhibit 2. On 2/10/25, the Board of Hearings (BOH) informed Appellant's guardian that it was dismissing the request for appeal for failure to state an appealable action. *See* Exh. 3. *See* 130 CMR 610.034-035. On 3/17/25, BOH vacated the dismissal after it received a copy of the 1/21/25 notice. *See* Exh. 6; *see also* 130 CMR 610.032 (denial of a PA request is valid grounds for appeal). The appeal was scheduled to be heard on 4/29/25. *See* Exh. 6. At the conclusion of the hearing, the record was held open through 5/9/25 for the parties to enter additional evidence and/or written submissions for consideration. *See* Exh. 8.

Action Taken by MassHealth

MassHealth denied Appellant's PA request for interceptive orthodontic treatment.

Issue

The appeal issue is whether MassHealth correctly denied Appellant's PA request for interceptive orthodontic treatment.

Summary of Evidence

At hearing, MassHealth was represented by Dr. Benjamin Gamm, DDS, a Massachusetts licensed orthodontist and consultant for BeneCare. BeneCare 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 [REDACTED] and MassHealth recipient. See Exh. 7. On 1/15/25, MassHealth received a prior authorization (PA) request from Appellant's orthodontic provider, [REDACTED], on behalf of Appellant, seeking coverage for interceptive orthodontic treatment under procedure codes D8020 and D8999. See Exhs. 1 and 7.

The MassHealth orthodontic consultant testified that in limited cases MassHealth covers phase 1 (also referred to as "limited" or "interceptive") orthodontic treatment of the primary and transitional dentition when there is sufficient documentation to show that it is medically necessary to prevent or minimize a handicapping malocclusion. To meet this standard, there must be evidence that the member has at least one of the following conditions: 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 or other appropriate device is necessary at a young age, craniofacial anomalies, anterior cross bite, or dentition exhibiting results of harmful habits or traumatic interferences between erupting teeth.

Dr. Gamm testified that upon receipt of the PA request, a separate MassHealth orthodontic consultant reviewed the provider's treatment plan, facial photographs and x-ray images from Appellant's last evaluation in January of 2025. The reviewing consultant concluded that there was insufficient evidence to demonstrate medical necessity for the requested treatment. Accordingly, through a notice dated 1/21/25, MassHealth denied Appellant's PA request. See Exh. 1.

During the hearing, the MassHealth orthodontic consultant conducted an in-person oral examination of Appellant and testified that while Appellant would certainly benefit from interceptive orthodontic treatment, the provider's treatment plan, as submitted, was limited in scope and failed to demonstrate medical necessity for the proposed treatment. Specifically, the provider's treatment plan only sought authorization for a retainer. Typically, a retainer is used to maintain alignment *following* a correction in dentition. While a retainer can be a component of treatment, it would be uncommon for it to be the sole component. Here, there

was no suggestion that the provider was seeking to include other interceptive treatments such as an expander or braces. Given that Appellant is so young, it is expected that he will have incoming teeth that should be addressed within the treatment plan.

Appellant and his grandmother, who is also his court-appointed legal guardian, appeared at the hearing in person. Appellant's grandmother (hereinafter "representative") testified that Appellant has a lot of dental issues that require early orthodontic treatment. Appellant's representative testified that due to difficulties in his early life and being separated from his parents, Appellant developed an extreme and years'-long habit of sucking on a blanket. After a lot of work, he successfully was able to break this habit. However, because of the prolonged trauma response, his teeth stick out significantly and it has caused harm to his developing teeth. Appellant's representative testified that based on her conversations with the provider, the treatment plan was not solely to use a retainer, but rather, was more comprehensive in addressing multiple ongoing issues. They were both of the opinion that treatment needed to start earlier rather than later to develop his condition from worsening.

In response, the MassHealth dental consultant testified that his observations of Appellant's teeth on examination were consistent with the dental issues described by Appellant's representative. The consultant testified that the protrusion of his front teeth could potentially fall within one of the recognized conditions to qualify for interceptive treatment, specifically "dentition exhibiting results of harmful habits." However, given the issues with the treatment plan, as previously stated, the consultant was unable to overturn the MassHealth decision at this time.

Based upon additional discussion by the parties, the record was left open for Appellant to submit a more detailed treatment plan from Appellant's provider, which would in turn be reviewed by the MassHealth dental consultant. See Exh. 8.

During the record open period, Appellant's representative indicated that she did not have any additional documentation to submit into the record as Appellant would need to undergo further reevaluation from the provider to obtain a more comprehensive and long-term treatment plan. *Id.*

Findings of Fact

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

1. Appellant is under the age of 18 and is a MassHealth recipient.
2. On 1/15/25, MassHealth received a PA request from Appellant's orthodontic provider seeking coverage for interceptive orthodontic treatment under procedure

codes D8020 and D8999.

3. The treatment plan included within the PA request described that the proposed interceptive treatment would consist of a retainer.
4. Through a notice dated 1/21/25, MassHealth denied Appellant's PA request based on its determination that the documentation submitted therein did not support medical necessity for the proposed treatment.
5. At the conclusion of the hearing, the record was left open for Appellant to submit additional evidence from the provider regarding the details of her treatment plan.
6. Despite being granted a record open period, Appellant was unable to provide additional evidence for consideration as Appellant would need to undergo another reevaluation from the provider to obtain a more comprehensive and long-term treatment plan.

Analysis and Conclusions of Law

MassHealth only covers a medical service or treatment unless it is "medically necessary." The threshold considerations for determining whether a service is medically necessary are set forth under 130 CMR 450.204, which states, in full:

(A) 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.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and ***must be substantiated by records including evidence of such medical necessity and quality.*** ...

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

(D) Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.

The additional requirements regarding medical necessity for covered dental services are set forth in 130 CMR 420.000 et. seq. According to the dental regulations, MassHealth will cover interceptive orthodontic treatment to members under the age of 21 only to the extent it is deemed medically necessary to treat or help correct a handicapping malocclusion, and subject to the service limits described as follows:

(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.

130 CMR 420.431(B)(2) (emphasis added).

Appendix F, as incorporated by reference in § 420.431, above, lists the following criteria for seeking coverage of interceptive orthodontic treatment:

(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 demonstrate why interceptive orthodontic treatment is medically necessary for the patient.

....^[1]

- 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.

Based on the evidence presented, Appellant did not meet his burden of proof in demonstrating that MassHealth erred in denying coverage of his PA request for interceptive orthodontic treatment. As stated above, MassHealth only pays for interceptive orthodontic treatment when it will prevent or minimize a developing handicapping malocclusion or will preclude the need for comprehensive orthodontic treatment. See 130 CMR 420.431(C)(2). Neither of the reviewing MassHealth orthodontic consultants found that the proposed treatment would have this effect. At the hearing, the MassHealth orthodontic consultant testified that the provider's treatment plan consisted only of a retainer as a means of correction and was, overall, limited in scope. Although the record was left open for additional evidence, Appellant ultimately responded that the provider would need to further evaluate Appellant to get a better idea of a long-term treatment plan. See Exh. 8. Absent a more comprehensive treatment plan for MassHealth to consider, Appellant has not demonstrated any error in MassHealth's 1/21/25

¹ The remaining text in subsection (a) pertains to documentation requirements in cases where justification for the requested treatment is based on a member's diagnosis(es)/condition(s) that involve expertise of another (non-orthodontic) clinician, such as diagnoses involving a mental, emotional, or behavioral condition; a nutritional deficiency; a speech or language pathology. As the provider did not include any documentation from other clinicians, this portion of Appendix F is not relevant.

decision to deny his PA request. See 130 CMR 450.204

Based on the foregoing reasons, 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: BeneCare 1, Attn: Jessica Lusignan