

STATE OF VERMONT
HUMAN SERVICES BOARD

In re) Fair Hearing No. 16,053
)
Appeal of)
)

INTRODUCTION

The petitioner appeals a decision by the Department of Social Welfare denying coverage under Medicaid for orthodontic work for her son. The issue is whether her son's treatment plan qualifies for coverage under the Department's procedures.

FINDINGS OF FACT

1. The petitioner's son is thirteen and has been prescribed braces for a variety of orthodontic problems.

2. In requesting Medicaid coverage, her son's orthodontist filled out a form in which he was to check certain major criteria and minor criteria for undertaking the work. None of these criteria was checked on the form.

The petitioner admits that the orthodontist told her that although her son definitely needs braces, his condition did not meet the severity of any of the criteria on the form.

ORDER

The decision of the Department is affirmed.

REASONS

The Department has adopted regulations for the coverage of orthodontics in the Medicaid program which includes the following:

Coverage of orthodontic services is limited to Medicaid recipients under the age of 21. Payment will be made when services are provided in accordance with an approved plan of treatment. Approvals are granted for treatment periods of six months. Bills must be submitted and payments will be made consonant with approved six month periods. . . .

A partial, proportional payment will be made on behalf of a recipient who becomes newly eligible for Medicaid coverage while undergoing a course of orthodontic treatment which began before Medicaid eligibility. The orthodontic treatment plan must be approved by Medicaid.

M620.1

The Department uses written guidelines which allow approval for only those plans of treatment which meet either one of the major or two of the minor criteria as follows:

Major Criteria:

Cleft palate

2 impacted cuspids

Other severe cranio-facial anomaly

Minor Criteria:

1 Impacted cuspid

2 Blocked cuspids per arch (deficient by at least 1/3 of needed space)

3 Congenitally missing teeth per arch (excluding third molars)

Anterior open bite 3 or more teeth (4+mm)

Crowding per arch (10+mm)

Anterior crossbite (3+ teeth)

Traumatic deep bite impinging on palate

Overjet 10+mm (measured from labial to labial)

The petitioner's son's orthodontist apparently agrees that he does not meet these criteria. Inasmuch as the facts don't meet the criteria of the guidelines and the Department's decision is in accord with those guidelines, it must be upheld. Fair Hearing No. 15,170, 3 V.S.A. § 3091(d) and Fair Hearing Rule No. 17.

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