

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2112028
Decision Date:	10/27/2021	Hearing Date:	10/18/2021
Hearing Officer:	Christopher Taffe		

Appearance for Appellant:



Appearance for MassHealth:

Harold Kaplan, DMD, on behalf of
DentaQuest (appearing by phone)



*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:	PA – Dental – Ortho
Decision Date:	10/27/2021	Hearing Date:	10/18/2021
MassHealth's Rep.:	H. Kaplan, DMD	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South		

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 on or around March 8, 2021, MassHealth denied Appellant's request for prior authorization of full orthodontic treatment. See Exhibit 1; 130 CMR 420.431. Appellant filed a timely appeal with Maximus via phone on March 18, 2021. See Exhibit 1; 130 CMR 610.015(B). Challenging a denial of a MassHealth request for assistance is a valid ground for appeal to the Board of Hearings. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's request for approval of the prior authorization request for braces or full and comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant's bite or malocclusion did not qualify for approval of comprehensive orthodontic treatment at this time.

Summary of Evidence

Appellant is currently a [REDACTED] MassHealth member who was represented at hearing by his mother. MassHealth was represented at hearing by Dr. Kaplan, 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. All parties testified telephonically.

Dr. Kaplan testified that the MassHealth insurance 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 of severity. It is not enough to say that the Appellant has imperfect teeth or 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 qualifying group of malocclusions with the most severe issues.

Appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment, together with X-rays and photographs. The Appellant's dental provider submitted the Handicapping Labio-Lingual Deviations (HLD) form but did not complete the section for a HLD score at the end. Appellant's dental provider's submission did include a claim for an automatic qualifying condition, marking that the Appellant has a deep impinging overbite. Appellant's provider did not submit a separate medical necessity narrative from an appropriate medical provider in according with the instructions on the latter pages of the HLD form.

MassHealth testified that, on the HLD point scale, 22 points is needed for approval. Dr. Kaplan testified that during the initial denial and review of the materials, DentaQuest found a HLD score of 16. Dr. Kaplan stated that he took a second review for the hearing, and he found discrepancies with a HLD score of 18. Because there was no score at or 22, he believed he had to uphold the denial of the PA request as the malocclusion was not severe enough at the present time. As to the claim of an automatic qualifier, Dr. Kaplan testified that Appellant certainly had a deep overbite, and he had measured it and he had scored it as a relatively high 8 points on his HLD tabulation for the 8 mm of overbite. Dr. Kaplan testified that the tissue on the palate in the photos looked healthy however and that it was not impinging.

Appellant's mother testified that she thought her dentist had told her that they had found a higher HLD score (than the original 16 by DentaQuest) but she was not told what it was. She also stated that Appellant does have problems as a result of the overbite, with the most notable being he will occasionally bite his bottom lip. She is also concerned about the general health impact, including mental health, on her son if it is not corrected. Dr. Kaplan stated that, if the request was not approved today, as an option in the future, the Appellant could resubmit a request to see

if the teeth had changed, and the orthodontist could include a letter from a therapist or pediatrician with specifics that might serve as a way for approval based on a medical necessity option.

Findings of Fact

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

1. Appellant is currently a [REDACTED] MassHealth member who had a request for full or comprehensive braces denied by MassHealth. (Testimony and Exhibit 3)
2. There is no evidence of a HLD score of 22 or more points.
 - a. Appellant's provider submitted the request with a HLD sheet but submitted no score.
 - b. DentaQuest, during the initial review leading to the denial notice, found an HLD score of 16 points.
 - c. At hearing, the DentaQuest representative testified that he found an HLD score of 18 points.
(Testimony and Exhibit 3)
3. There was a claim of a deep impinging overbite on the request. (Testimony and Exhibit 3)
4. There is no evidence of damage to the pallet of the mouth, suggesting that the overbite, while deep, is not an impinging type. (Testimony and Exhibit 3)
5. Appellant's orthodontic provider did not submit separate supporting documentation from a doctor, therapist, or other medical provider related to whether the orthodontic treatment may be medically necessary in accordance with the instructions on the latter pages of the HLD form. (Testimony and Exhibit 3)

Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. See 130 CMR 450.204; 130 CMR 420.410. In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq.,¹ covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 42.421 through 420.456. See 130 CMR 420.421 (A) through (C).

¹ 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual publication as a source of additional explanatory guidance beyond the regulations. It is noted that references in the regulations to the "*Dental Manual*" include the pertinent state regulations, the administrative and billing instructions (including the HLD form), and service codes found in related subchapters and appendices.
See <https://www.mass.gov/lists/dental-manual-for-masshealth-providers> (last viewed on October 19, 2021).

130 CMR 420.431 contains the description and limitation for orthodontic services. As to comprehensive orthodontic requests, that regulation reads in relevant part as follows:

420.431: Service Descriptions and Limitations: Orthodontic Services

(A) General Conditions. The MassHealth agency pays for orthodontic treatment, subject to prior authorization, service descriptions and limitations as described in 130 CMR 420.431. ...

(C) Service Limitations and Requirements.

...
(3) Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime younger than 21 years old and **only when the member has a handicapping malocclusion**. The MassHealth agency determines whether **a malocclusion is handicapping based on clinical standards for medical necessity as described in Appendix D of the Dental Manual**. ...

(Bolded emphasis added.)

Appendix D of the Dental Manual contains the current HLD Authorization Form found in Exhibit 3. As indicated by the paper record, the MassHealth testimony, and the relevant regulations, appendices, and manuals (including the HLD Authorization form), MassHealth approves comprehensive orthodontic treatment only when the member meets one of the three following requirements:

- (1) the member has an “auto qualifying” condition as described by MassHealth in the HLD Index;
- (2) the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD Index; or
- (3) comprehensive orthodontic treatment is medically necessary for the member, as demonstrated by a medical necessity narrative letter and supporting documentation submitted by the requesting provider. Usually this involves a severe medical condition that can include atypical or underlining health concerns which may be either dental or non-dental.

In this case, Appellant’s dentist did not submit a medical necessity narrative letter and supporting documentation to justify the need for the request for braces.

As to the HLD score, the MassHealth standard currently requires a score of 22 on the HLD index. In this case, Appellant’s own provider dentist did not offer a score and the of the two reviewing dentists who completed an HLD review, both found a score below the 22 or more points needed for approval.

With regard to the automatic qualifier, the Appellant’s provider claimed deep impinging overbite, but the HLD form contains a descriptor for this condition which reads “...with severe soft tissue damage (e.g., ulcerations or tissue tears – more than indentations)”. See Exhibit 3. As pointed out by MassHealth the upper palate of the Appellant looks health and contains no such marks. Appellant’s mother testified that there is no report of bleeding in that area.

For these reasons, I conclude that there is no basis to rescind or overrule the MassHealth decision. This appeal is DENIED.

As discussed at hearing, so long as the child remains the same benefits as a MassHealth member and is under the age of 21, the Appellant may have his bite or occlusion examined by an orthodontist every six months, and the provider may then resubmit a new orthodontia request to DentaQuest with additional or appropriate supplemental information for the agency's consideration.

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.

Christopher Taffe
Hearing Officer
Board of Hearings

cc: DentaQuest