

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2155388
Decision Date:	10/06/2021	Hearing Date:	08/18/2021
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras *via* telephone



*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:	Orthodontics
Decision Date:	10/6/2021	Hearing Date:	08/18/2021
MassHealth's Rep.:	Dr. David Cabeceiras	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 June 24, 2021, MassHealth denied the appellant's prior authorization (PA) request for orthodontic treatment because MassHealth determined that the supporting documentation did not support the medical necessity of comprehensive orthodontic treatment. (See 130 CMR 420.431; Exhibit 1; Ex. 4, pp. 3-4). The appellant filed this appeal in a timely manner on July 12, 2021. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's PA request for comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that comprehensive orthodontic treatment was not medically necessary.

Summary of Evidence

The appellant's mother attended the hearing and spoke on his behalf. MassHealth was represented at the hearing by a licensed orthodontist from DentaQuest. The MassHealth representative testified that MassHealth does not pay for braces under most circumstances. The MassHealth representative also stated that a MassHealth member qualifies to receive comprehensive orthodontic treatment when they

have certain autoqualifying conditions¹ or a handicapping labio-lingual deviations (HLD) score of 22 or over based on a series of measurements representing the presence, absence and degree of handicap.

The appellant's orthodontic provider submitted a PA request for comprehensive orthodontic treatment on June 23, 2021 with photographs, and radiographs. (Ex. 4, pp. 8-12). The orthodontic provider found that the appellant had severe maxillary anterior crowding, greater than 8 mm, which is an autoqualifying condition. (Ex. 4, p. 8). Because the provider found an autoqualifying condition, the provider did not provide an HLD score.

Based solely on a review of the photographs and radiograph the appellant's provider submitted, the initial MassHealth reviewer did not observe any autoqualifying conditions and determined that the appellant had an HLD score of 14, which was broken down as follows:

Overjet in mm	3
Overbite in mm	2
Mandibular Protrusion in mm (x 5)	0
Open Bite in mm (x 4)	0
Ectopic Eruption (# of teeth x 3)	5
Anterior Crowding:	0
• Maxilla	
• Mandible	
Labio-Lingual Spread in mm	4
Posterior Unilateral Crossbite x 4	0
Posterior Impactions or Congenitally Missing Posterior Teeth x 3	0
Total HLD Score (Need 22 or Over)	14

(Ex. 4, p. 13).

Prior to the hearing, the MassHealth representative also examined the photographs and radiographs.² Based on his examination, the MassHealth representative agreed with the initial MassHealth reviewer's scoring. The MassHealth representative confirmed that he also did not find there was an autoqualifying condition present and concluded there was insufficient evidence allowing for him to overturn the initial

¹ The autoqualifying conditions are cleft palate, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, or severe maxillary anterior crowding, greater than 8 mm. (See Ex. 4, pp. 8, 13).

² Due to the COVID-19 emergency, all hearings are held by telephone. For this reason, the MassHealth representative was unable to examine the appellant in person, which is the practice in orthodontic hearings under normal circumstances.

denial. The MassHealth representative noted that the appellant had an extra tooth in his upper jaw, and therefore there was some crowding. The appellant did not have 8 mm of crowding, however, which is the equivalent of an entire eyetooth. Crowding of 8 mm or greater (the autoqualifying condition) would mean that a tooth would be prevented from growing in due to crowding. That was not the case here. The MassHealth representative stated that at this point the appellant can go back to his orthodontist and have his orthodontist resubmit a prior authorization for orthodontic treatment every six months until he turns 21. The MassHealth representative also stated that the teeth in appellant's lower jaw were in good shape.

The appellant's representative noted that the appellant had an extra tooth that needed removal. The MassHealth representative responded by stating that the removal of that tooth would resolve the appellant's condition and that with partial orthodontic treatment the appellant's teeth will line up.

Findings of Fact

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

1. MassHealth does not pay for braces under most circumstances. (Testimony of the MassHealth representative).
2. A MassHealth member qualifies to receive comprehensive orthodontic treatment when they have certain autoqualifying conditions or a handicapping labio-lingual deviations (HLD) score of 22 or over based on a series of measurements representing the presence, absence and degree of handicap. (Testimony of the MassHealth representative).
3. The appellant's orthodontic provider submitted a PA request for comprehensive orthodontic treatment on June 23, 2021 with photographs, and radiographs. (Ex. 4, pp. 8-12).
4. The orthodontic provider found that the appellant had severe maxillary anterior crowding, greater than 8 mm, which is an autoqualifying condition. (Ex. 4, p. 8).
5. Because the provider found an autoqualifying condition, the provider did not provide an HLD score. (Ex. 4, p. 8).
6. Based solely on a review of the photographs and radiograph the appellant's provider submitted, the initial MassHealth reviewer did not observe any autoqualifying conditions and determined that the appellant had an HLD score of 14, which was broken down as follows:

Overjet in mm	3
Overbite in mm	2
Mandibular Protrusion in mm (x 5)	0
Open Bite in mm (x 4)	0
Ectopic Eruption (# of teeth x 3)	5
Anterior Crowding:	0
• Maxilla	

• Mandible	
Labio-Lingual Spread in mm	4
Posterior Unilateral Crossbite x 4	0
Posterior Impactions or Congenitally Missing Posterior Teeth x 3	0
Total HLD Score (Need 22 or Over)	14

(Ex. 5, p. 13).

7. The MassHealth representative also examined the photographs and radiographs, did not find an autoqualifying condition and agreed with the initial reviewer's scoring. (Testimony of the MassHealth representative).
8. The appellant does have an extra tooth in his upper jaw, and therefore there was some crowding but not 8 mm of crowding. (Testimony of the MassHealth representative).
9. Crowding of 8 mm or greater (the autoqualifying condition) would mean that a tooth would be prevented from growing in due to crowding and that was not the case here. (Testimony of the MassHealth representative).
10. The appellant can go back to his orthodontist and have his orthodontist resubmit a prior authorization for orthodontic treatment every six months until he turns 21. (Testimony of the MassHealth representative).
11. The teeth in appellant's lower jaw were in good shape. (Testimony of the MassHealth representative).

Analysis and Conclusions of Law

130 CMR 420.431(B)(3) defines comprehensive orthodontic treatment as follows:

Comprehensive Orthodontic Treatment. Comprehensive orthodontic treatment includes a coordinated diagnosis and treatment leading to the improvement of a member's craniofacial dysfunction and/or dentofacial deformity which may include anatomical and/or functional relationship. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances. Comprehensive orthodontics may incorporate treatment phases including adjunctive procedures to facilitate care focusing on specific objectives at various stages of dentofacial development. Comprehensive orthodontic treatment includes the transitional and adult dentition.

130 CMR 420.431(C)(3) describes the eligibility requirements for comprehensive orthodontic treatment, as follows:

(3) Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime under the age of 21 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...

The MassHealth agency pays for the office visit, radiographs and a record fee of the preorthodontic treatment examination (alternative billing to a contract fee) when the MassHealth agency denies a request for prior authorization for comprehensive orthodontic treatment or when the member terminates the planned treatment. The payment for a pre-orthodontic treatment consultation as a separate procedure does not include models or photographic prints. The MassHealth agency may request additional consultation for any orthodontic procedure. Payment for comprehensive orthodontic treatment is inclusive of initial placement, and insertion and any adjustments (treatment visits) occurring in the calendar month of insertion of the orthodontic fixed and removable appliances (for example: rapid palatal expansion (RPE) or head gear), and records. Comprehensive orthodontic treatment may occur in phases, with the anticipation that full banding must occur during the treatment period. The payment for comprehensive orthodontic treatment covers a maximum period of three (3) calendar years. The MassHealth agency pays for orthodontic treatment as long as the member remains eligible for MassHealth, if initial placement and insertion of fixed or removable orthodontic appliances begins before the member reaches age 21.

Appendix D of the Dental Manual is the Authorization Form for Comprehensive Orthodontic Treatment, MassHealth Handicapping Labio-Lingual Deviations Index, which is described as a quantitative, objective method for measuring malocclusion. The HLD index provides a single score, based on a series of measurements that represent the degree to which a case deviates from normal alignment and occlusion. MassHealth has determined that a score of 22 or higher signifies a severe and handicapping malocclusion.

The record shows that none of the assessing sources found an HLD score that met or exceeded the score necessary to permit approval of the request for comprehensive orthodontic treatment. The appellant's provider found there was severe maxillary anterior crowding greater than 8mm, which would be an autoqualifying condition. Neither the initial MassHealth reviewer nor the MassHealth representative found that the appellant had this autoqualifying condition. The MassHealth representative stated that crowding of the severity described as autoqualifying would prevent a tooth from growing in, which was not the case here. The MassHealth representative did note that the appellant had an extra tooth in his upper jaw, which did cause some crowding, just not 8 mm of crowding. The MassHealth representative and the initial MassHealth reviewer both agreed that the appellant's HLD score was 14. The record therefore shows the appellant has not met the requisite bar for receipt of comprehensive orthodontic treatment and denial was correct under the circumstances.

For the above stated 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc: DentaQuest