

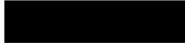
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2177898
Decision Date:	12/03/2021	Hearing Date:	11/17/2021
Hearing Officer:	Scott Bernard		

Appearance for Appellant:




Appearance for MassHealth:

Dr. Harold Kaplan



*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:	Orthodonture
Decision Date:	12/03/2021	Hearing Date:	11/17/2021
MassHealth's Rep.:	Dr. Harold Kaplan	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 notices dated August 30, September 7, and September 19, 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. 5, pp. 3-11). The appellant filed this appeal in a timely manner on October 5, 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 her behalf. MassHealth was represented at the hearing by a licensed orthodontic practitioner, from DentaQuest, the contractor responsible for overseeing the MassHealth Dental Program. 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

auto qualifying 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 August 27, 2021 with photographs and a radiograph. (Ex. 5, pp. 14-20). The authorization form the provider completed indicates that he found one autoqualifying condition, a deep impinging overbite and an HLD score of 25 broken down as follows:

Overjet in mm	5
Overbite in mm	6
Mandibular Protrusion in mm (x 5)	
Open Bite in mm (x 4)	
Ectopic Eruption (# of teeth x 3)	
Anterior Crowding:	
• Maxilla	
• Mandible	
Labio-Lingual Spread in mm	14
Posterior Unilateral Crossbite x 4	
Posterior Impactions or Congenitally Missing Posterior Teeth x 3	
Total HLD Score (Need 22 or Over)	25

(Ex. 5, pp. 14-15).

Based solely on a review of the photographs and radiograph appellant's provider submitted, the initial MassHealth reviewer did not observe any autoqualifying conditions and determined that the appellant had an HLD score of 17, which was broken down as follows:

Overjet in mm	3
Overbite in mm	4
Mandibular Protrusion in mm (x 5)	0
Open Bite in mm (x 4)	0
Ectopic Eruption (# of teeth x 3)	0

¹ The auto qualifying 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. 5, pp. 7, 13).

Anterior Crowding:	5
• Maxilla	
• Mandible	
Labio-Lingual Spread in mm	5
Posterior Unilateral Crossbite x 4	0
Posterior Impactions or Congenitally Missing Posterior Teeth x 3	0
Total HLD Score (Need 22 or Over)	17

(Ex. 5, pp. 21-23).

Prior to the hearing, the MassHealth representative also examined the photographs and radiograph.² Based on his examination, the MassHealth representative also found an HLD score of 18, which was not sufficient for him to overturn the initial denial. The MassHealth representative stated that his biggest disagreement with the treating orthodontist concerned the labio-lingual spread. The MassHealth representative stated that he only got a score of 7 for this particular malocclusion. The MassHealth representative surmised that the treating orthodontist was counting the space with the upper canines. The MassHealth representative stated that the appellant's upper canines have not yet erupted. The MassHealth representative stated that the space cannot be counted until after the upper canines come in. The MassHealth representative also disagreed with the treating orthodontist, in that he did not see that the appellant had a deep impinging overbite. The MassHealth representative stated that the records show that while the appellant does have an overbite, that overbite does not result in an impact to the gingival tissue on the roof of the appellant's mouth. The appellant's overbite therefore does not meet the standards for being an autoqualifying condition.

The appellant's mother stated that she was just following what the treating orthodontist told her. The appellant's mother stated that the appellant recently had an injury to her front teeth and has cut her lip. The appellant's mother submitted the clinical notes and pictures of the injury. (Ex. 6; Ex. 7). These were forwarded to the MassHealth representative, who stated that he would look at them and submit a written response after the hearing. The MassHealth representative stated that once the appellant's upper canines come in, it is likely that the appellant would be eligible for comprehensive orthodontic treatment.

After the hearing the MassHealth representative, via email, stated that after looking at the evidence of the traumatic injury, he still would not approve orthodontic treatment at this time. (Ex. 8). The MassHealth representative wrote that a possible root canal treatment, followed by the insertion of a temporary crown for the injured tooth was indicated and that further evaluation for orthodontic

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.

treatment could be considered at a later date. (Id.).

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 PA requests for comprehensive orthodontic treatment on August 27, September 3, and September 17, 2021 with photographs, and a radiograph. (Ex. 1; Ex. 5, pp. 6-12).
4. The authorization forms the provider completed indicates that they found the appellant had a deep impinging overbite (an autoqualifying condition) and an HLD score of 25. (Ex. 5, pp. 15-15).
5. 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 12. (Ex. 5, p. 22).
6. Prior to the hearing, the MassHealth representative also examined the photographs and radiograph and based on this examination found the appellant had an HLD score of 18, which was not sufficient for him to overturn the initial denial. (Testimony of the MassHealth representative).
7. The MassHealth representative determined that the appellant's labio-lingual spread measured 7, but this may increase once her upper canines come in. (Testimony of the MassHealth representative).
8. The appellant's overbite has not caused damage to the gingival tissue on the roof of her mouth, meaning it is not deep and impinging and therefore does not autoqualify her for comprehensive orthodontic treatment. (Testimony of the MassHealth representative).
9. Prior to the hearing the appellant had an accident that broke one of her front teeth. (Ex. 6; Ex. 7).
10. The MassHealth representative determined that this traumatic injury did not affect the HLD score. (Ex. 9).

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 pre-orthodontic 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.

A preponderance of the evidence does not support approving comprehensive orthodontic treatment currently. The record shows that the treating orthodontic provider determined that the appellant has an autoqualifying condition (a deep and impinging overbite) as well as an HLD score of 25. The initial MassHealth reviewer did not find an autoqualifying condition and determined that the appellant had an HLD score of 12. The MassHealth representative at the hearing testified that while the appellant did have an overbite, it was not deep and impinging in that there was no evident damage to the gingival tissue on the roof of the appellant's mouth. The MassHealth representative concluded that there was not an autoqualifying condition. The MassHealth representative concluded based on his examination of the X-rays and photographs that the appellant's HLD score was 18, which did not meet or exceed the 22-point minimum for approving orthodontic treatment. The MassHealth representative stated that his biggest difference with the treating orthodontist concerned the labio-lingual spread. The MassHealth representative stated that because the appellant's upper canines had not yet erupted, his HLD score for this particular malocclusion was half of what the treating orthodontist concluded. Finally, the MassHealth representative concluded that the recent injury to the appellant's front teeth would not affect his HLD score.

Based on the above stated evidence 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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Scott Bernard
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA