

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2178798

Decision Date: 1/05/2022

Hearing Date: 01/03/2022

Hearing Officer: Patricia Mullen

Appearance for Appellant:



Appearance for MassHealth:

Dr. Carl Perlmutter, DentaQuest



*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 treatment
Decision Date:	1/05/2022	Hearing Date:	01/03/2022
MassHealth's Rep.:	Dr. Carl Perlmutter, DentaQuest	Appellant's Rep.:	██████
Hearing Location:	Quincy Harbor South Tower		

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 November 9 2021, MassHealth denied the appellant's request for prior authorization for orthodontic treatment because MassHealth determined that the appellant does not have a handicapping malocclusion as is required by MassHealth regulations for orthodontic coverage. (see 130 CMR 420.431 and Exhibit 1). The appellant filed this appeal in a timely manner on November 19, 2021. (see 130 CMR 610.015(B) and Exhibit 2). Denial of prior authorization is valid grounds for appeal. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for coverage of orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the appellant does not meet the MassHealth requirements for coverage of orthodontic treatment.

Summary of Evidence

The appellant is a child and was represented telephonically at the hearing by his mother. MassHealth was represented telephonically at the hearing by an orthodontist consultant with DentaQuest, the contracted agent of MassHealth that makes the dental prior authorization determinations. The appellant's orthodontist submitted a request for prior authorization for orthodontic treatment for the appellant on October 20, 2021. (Exhibit 7, p. 3). The appellant's orthodontist completed an Orthodontics Prior Authorization Form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) Form and submitted these along with photographs and x-rays of the appellant's mouth. (Exhibit 7) The appellant's orthodontist did not submit a medical necessity narrative. (Exhibit 7, p. 14).

The MassHealth representative testified MassHealth only covers orthodontic treatment when the member has a handicapping malocclusion. The HLD form lists 7 autoqualifiers and 9 characteristics, such as bite and crowding, with corresponding numerical values. (Exhibit 7, pp. 13-14). If a member has any of the 7 autoqualifiers or a HLD score of 22 or higher, the member meets the criteria for a handicapping malocclusion. (Testimony, exhibit 7, pp. 13-14). The 7 autoqualifiers are a cleft palate, deep impinging overbite with severe soft tissue damage, anterior impactions, severe traumatic deviations, overjet greater than 9 millimeters, reverse overjet greater than 3.5 millimeters, or severe maxillary anterior crowding greater than 8 millimeters. (Exhibit 7, p. 13). If any of these are present, the request for orthodontic treatment is approved. (Exhibit 7, testimony). If none of these are present, the orthodontist measures overjet, overbite, mandibular protrusion, open bite, ectopic eruption, anterior crowding in the upper and lower mouth, labio-lingual spread or anterior spacing, posterior unilateral crossbite, and posterior impactions or congenitally missing posterior teeth, and gives each measurement a value based on the calculation worksheet on the HLD Form. (Exhibit 7, p. 13, testimony).

The appellant's orthodontist indicated that the appellant has none of the autoqualifiers listed on the HLD form. (Exhibit 7, p. 13). The appellant's orthodontist calculated a HLD score of 18, measuring an overjet of 4 millimeters, an overbite of 3 millimeters, ectopic eruption of 2 teeth for a score of 3, anterior crowding for 5 points, and a congenitally missing posterior tooth for 3 points. (Exhibit 7, pp. 13-14).

Based on a review of the photographs of the appellant's mouth, MassHealth/DentaQuest calculated a HLD score of 14 measuring 4 for overjet, 4 for overbite, 3 for labio-lingual spread, and 3 for a congenitally missing posterior tooth. (Exhibit 7, p. 18). The MassHealth representative testified that he reviewed the appellant's photographs and x-rays with a magnifying glass and carefully measured the appellant's teeth. The MassHealth representative testified that he measured 4 millimeters for overjet, 4 millimeters for overbite, 3 millimeters for labio-lingual spread, and 3 points for a congenitally missing posterior tooth, for a total of 14 points. The MassHealth representative stated that there is not 3.5 millimeters or more of crowding in the appellant's upper or lower mouth and no ectopic eruption is seen on the photographs. (Exhibit 7, p. 16).

The MassHealth representative stated that while the appellant would benefit from orthodontic treatment, the issue here is not whether the appellant needs braces, but rather whether he meets the criteria under the regulations for MassHealth to cover the orthodontic treatment. The MassHealth

representative stated that because there is no evidence of a handicapping malocclusion, MassHealth will not cover the orthodontic treatment.

The appellant's mother stated that she is the single mother of 3 children and cannot afford braces for the appellant. The appellant's mother noted that her younger child was approved for braces and she believes his teeth are better than the appellant's. The appellant's mother noted that the appellant's teeth and smile are important and she does not understand why the braces are not covered.

Findings of Fact

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

1. The appellant's orthodontist submitted a request for prior authorization for orthodontic treatment for the appellant.
2. The appellant's orthodontist completed an Orthodontics Prior Authorization Form and a HLD Form and submitted these, along with photographs and x-rays of the appellant's mouth, to DentaQuest.
3. The appellant's orthodontist calculated a HLD score of 18.
4. MassHealth/DentaQuest calculated a HLD score of 14 and the MassHealth representative calculated a HLD score of 14 after reviewing the photographs and x-rays.
5. The appellant does not have a cleft palate, deep impinging overbite with severe soft tissue damage, anterior impactions, severe traumatic deviations, overjet greater than 9 millimeters, reverse overjet greater than 3.5 millimeters, or severe maxillary anterior crowding greater than 8 millimeters.
6. A HLD score of 22 is the minimum score indicative of a handicapping malocclusion.

Analysis and Conclusions of Law

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. The provider must seek prior authorization for orthodontic treatment and begin initial placement and insertion of orthodontic appliances and partial banding or full banding and brackets prior to the member's 21st birthday.

(B) Definitions.

(1) Pre-Orthodontic Treatment Examination. The pre-orthodontic treatment examination include the periodic observation of the member's dentition at intervals established by the orthodontist to determine when orthodontic treatment should begin.

(2) Interceptive Orthodontic Treatment. Interceptive orthodontic treatment includes treatment of the primary and transitional dentition to prevent or minimize the development of a handicapping malocclusion and therefore, minimize or preclude the need for comprehensive orthodontic treatment.

(3) 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.

(4) Orthodontic Treatment Visits. Orthodontic treatment visits are periodic visits which may include but are not limited to updating wiring, tightening ligatures or otherwise evaluating and updating care while undergoing comprehensive orthodontic treatment.

(C) Service Limitations and Requirements.

(1) Pre-Orthodontic Treatment Examination. The MassHealth agency pays for a preorthodontic treatment examination for members under the age of 21, once per six (6) months per member, and only for the purpose of determining whether orthodontic treatment is medically necessary, and can be initiated before the member's twenty-first birthday. The MassHealth agency pays for a pre-orthodontic treatment examination as a separate procedure (see 130 CMR 420.413). The MassHealth agency does not pay for a pre-orthodontic treatment examination as a separate procedure in conjunction with pre-authorized ongoing or planned orthodontic treatment.

(2) Interceptive Orthodontics. The MassHealth agency pays for interceptive orthodontic treatment once per member per lifetime as an extension of preventative orthodontics that may include localized tooth movement. The MassHealth agency determines if the treatment will prevent or minimize the handicapping malocclusion based on the clinical standards described in Appendix F of the Dental Manual. Interceptive orthodontic treatment may occur in the primary or transitional dentition, may include such procedures as the redirection of ectopically erupting teeth and correction of dental crossbite or recovery of space loss where overall space is inadequate. When initiated during the incipient stages of a developing problem, interceptive orthodontics may reduce the severity of the malformation and mitigate it causes. Complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions may require subsequent comprehensive orthodontic treatment.

(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. Upon the completion of orthodontic treatment, the provider must take post treatment photographic prints and maintain them in the member's dental record.

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 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.

(4) Orthodontic Treatment Visits. The MassHealth agency pays for orthodontic treatment visits on a quarterly (90-days) basis for ongoing orthodontic maintenance and treatment beginning after the initial placement, and insertion of the orthodontic fixed and removable appliances. If a member becomes inactive for any period of time, prior authorization is not required to resume orthodontic treatment visits and subsequent billing, unless the prior authorization time limit has expired. The provider must document the number and dates of orthodontic treatment visits in the member's orthodontic record.

(5) Orthodontic Case Completion. The MassHealth agency pays for orthodontic case completion for comprehensive orthodontic treatment which includes the removal of appliances, construction and placement of retainers and follow-up visits. The MassHealth agency pays for a maximum of five (5) visits for members under the age of 21. The MassHealth agency pays for the replacement of lost or broken retainers with prior authorization.

(6) Orthodontic Transfer Cases. The MassHealth agency pays for members who transfer from one orthodontic provider to another for orthodontic services subject to prior authorization to determine the number of treatment visits remaining. Payment for transfer cases is limited to the number of treatment visits approved. Providers must submit requests using the form specified by MassHealth.

(7) Orthodontic Terminations. The MassHealth agency requires providers to make all efforts to complete the active phase of treatment before requesting payment for removal of brackets and bands of a noncompliant member. If the provider determines that continued orthodontic treatment is not indicated because of lack of member's cooperation and has obtained the member's consent, the provider must submit a written treatment narrative on office letterhead with supporting documentation, including the case prior authorization number.

(8) Radiographs. Payment for Cephalometric and radiographs used in conjunction with orthodontic diagnosis is included in the payment for comprehensive orthodontic treatment (see 130 CMR 420.423(D)). The MassHealth agency pays for radiographs as a separate procedure for orthodontic diagnostic purposes only for members under age 21 if

requested by the MassHealth agency.

(9) Oral/Facial Photographic Images. The MassHealth agency pays for digital or photographic prints, not slides, only to support prior-authorization requests for comprehensive orthodontic treatment. Payment for digital or photographic prints is included in the payment for comprehensive orthodontic treatment or orthognathic treatment. The MassHealth agency does not pay for digital or photographic prints as a separate procedure (see 130 CMR 420.413). Payment for orthodontic treatment includes payment for services provided as part of the pre-orthodontic treatment examination, unless the MassHealth agency denies the prior authorization request for interceptive or comprehensive orthodontic treatment. The MassHealth agency pays for the pre-orthodontic treatment examination if prior authorization is denied for interceptive or comprehensive orthodontic treatment.

130 CMR 420.431.

MassHealth covers comprehensive orthodontic treatment if the MassHealth member evidences a handicapping malocclusion either by having one of the autoqualifiers listed on the HDL form or by meeting a HLD score of 22 or higher. Comprehensive orthodontic treatment is also covered by MassHealth if it is medically necessary for the member as evidenced by a medical necessity narrative and supporting documentation.

The appellant's orthodontist did not submit a medical necessity narrative or supporting medical documentation. The appellant does not have any of the autoqualifiers listed on the HDL form. The appellant's orthodontist calculated a HLD score of 18. The MassHealth representative at the hearing examined the appellant's photographs and x-rays and calculated a HLD score of 14. Because the appellant does not have any of the autoqualifiers, nor does he have a HLD score of 22 or higher, there is no evidence to support that the appellant has a handicapping malocclusion. MassHealth was correct in denying the request for prior authorization pursuant to 130 CMR 420.431. MassHealth's action is upheld and 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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest