

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|---------------|-----------------------|-----------|
| Appeal Decision: | Denied | Appeal Number: | 2200576 |
| Decision Date: | 3/25/2022 | Hearing Date: | 2/23/2022 |
| Hearing Officer: | Cynthia Kopka | | |

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

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|---------------------------|-----------------|--------------------------|------------------------------------|
| Appeal Decision: | Denied | Issue: | Prior authorization – orthodontics |
| Decision Date: | 3/25/2022 | Hearing Date: | 2/23/2022 |
| MassHealth’s Rep.: | Dr. Kaplan | Appellant’s Rep.: | ██████ |
| Hearing Location: | Quincy (remote) | Aid Pending: | No |

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

By notice dated November 15, 2021, MassHealth denied Appellant's prior authorization request for comprehensive orthodontic treatment. Exhibit 1. Appellant filed this appeal in a timely manner on January 25, 2022. Exhibit 2. 130 CMR 610.015(B). Challenging the denial of a request for assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431(E), in determining that Appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

Appellant, a minor under the age of 21, was represented at hearing by a parent. The MassHealth representative, a licensed orthodontist, appeared for MassHealth on behalf of DentaQuest. DentaQuest is the third-party contractor that administers and manages the dental program available to MassHealth members. Below is a summary of each party’s testimony and the information

submitted for hearing.

Appellant's orthodontic provider ("the provider") submitted a request for prior authorization of comprehensive orthodontic treatment on behalf of Appellant. The provider completed an Orthodontics Prior Authorization Form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) Form and submitted these documents with supporting photographs and x-rays to DentaQuest. Exhibit 4.

MassHealth will only provide coverage for comprehensive orthodontic treatment for members who have a "severe and handicapping" malocclusion as provided by regulation. A severe and handicapping malocclusion exists when the applicant has either (1) dental discrepancies that result in a score of 22 or more points on the HLD Form, as detailed in the MassHealth Dental Manual, or (2) evidence of one of a group of exceptional or handicapping dental conditions.¹ If such a handicapping condition exists, as explained in both the MassHealth Dental Manual and the HLD Forms within Exhibit 4, this creates an alternative and independent basis for approval of the prior authorization request for comprehensive orthodontics, regardless of the actual HLD score. Alternatively, a provider can submit a narrative and supporting documentation detailing how comprehensive orthodontic treatment is medically necessary.

The provider submitted documents indicating an HLD score of 20 for Appellant. The provider indicated that Appellant has a deep impinging overbite, an automatically handicapping dental condition. The provider checked that he was submitting a medical necessity narrative and supporting records, but this is not in the submission. Exhibit 4. The MassHealth representative testified that upon initial review of the documents, DentaQuest found an HLD score of 13 with no exceptional condition. Exhibit 4. At hearing, the MassHealth representative testified that based on his review of the submitted request, he found an HLD score of 15 and no exceptional condition. The MassHealth representative testified that he did not find a deep impinging overbite because the tissue on the roof of the mouth was healthy. The MassHealth representative did not find sufficient crowding, 3.5 millimeters (mm) or more, on the top arch to warrant a score.

Appellant's parent testified that Appellant at times will bite the side of his mouth. Appellant's parent had submitted the request multiple times in the past, but was not told about the points until

¹ Per Exhibit 4, MassHealth will approve a prior authorization request for comprehensive orthodontics, regardless of whether the HLD score is 22 or more, if there is evidence of any one of the following exceptional or handicapping conditions: (1) cleft lip, cleft palate, or other cranio-facial anomaly; (2) impinging overbite with evidence of occlusal contact into the opposing soft tissue; (3) impactions where eruption is impeded but extraction is not indicated (excluding third molars), (4) severe traumatic deviations – this refers to accidents affecting the face and jaw rather than congenital deformity. Do not include traumatic occlusions or crossbites; (5) overjet greater than 9 millimeters (mm); (6) reverse overjet greater than 3.5 mm; (7) crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars). Includes the normal complement of teeth; (8) spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars). Includes the normal complement of teeth; (9) anterior crossbite of 3 or more maxillary teeth per arch; (10) posterior crossbite of 3 or more maxillary teeth per arch; (11) two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; (12) lateral open bite: 2 mm or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm or more, of 4 or more teeth per arch.

this appeal. Appellant's parent was advised to appeal because Appellant was only 2 points under. Appellant's parent asked if MassHealth would partially cover the treatment.

Findings of Fact

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

1. The provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form, photographs and x-rays. Exhibit 4.
2. The provider calculated an HLD score of 20 for Appellant and indicated that Appellant has a deep impinging overbite. The provider checked that he was submitting a medical necessity narrative and supporting records, but this is not in the submission. Exhibit 4.
3. On November 15, 2021, MassHealth denied Appellant's prior authorization request and Appellant timely appealed the denial to the Board of Hearings. Exhibits 1 and 2.
4. The MassHealth representative found an HLD score of 15 with no exceptional handicapping dental condition.
5. Appellant does not have tissue damage on the roof of his mouth.
6. Appellant does not have 3.5 mm of crowding on his upper arch.

Analysis and Conclusions of Law

Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420.000 and in the MassHealth Dental Manual.² Specifically, 130 CMR 420.431(E)(1) states, in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age 21 per lifetime and only when the member has a severe and handicapping malocclusion. The MassHealth agency determines whether a malocclusion is severe and handicapping based on the clinical standards described in Appendix D of the *Dental Manual*.

Per Appendix D of the MassHealth *Dental Manual*. MassHealth approves prior-authorization requests for comprehensive orthodontic treatment when

- (1) the member has one of the "autoqualifying" conditions described by

² The Dental Manual is available in MassHealth's Provider Library, on its website.

MassHealth in the Handicapping Labio-Lingual Deviations (HLD) Form;
(2) the member meets or exceeds the threshold score designated by MassHealth on the HLD Form; or
(3) comprehensive orthodontic treatment is otherwise medically necessary for the member, as demonstrated by a medical-necessity narrative and supporting documentation submitted by the requesting provider.

Appendix D of the *Dental Manual* includes the HLD form, which is described as a quantitative, objective method for evaluating prior authorization requests for comprehensive orthodontic treatment. The HLD allows for the identification of certain autoqualifying conditions and provides a single score, based on a series of measurements, which represent the presence, absence, and degree of handicap. MassHealth will authorize treatment for cases with verified autoqualifiers or verified scores of 22 and above.

Here, Appellant does not have a verified score of 22 points. Additionally, because Appellant's overbite is not damaging the roof of his mouth, there is not evidence that Appellant has an autoqualifying condition to qualify for treatment. Accordingly, this 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.

Cynthia Kopka
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA