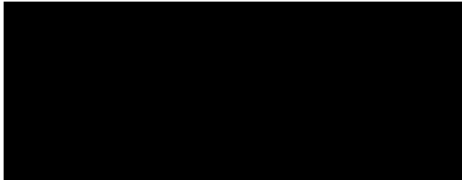


Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: DENIED

Appeal Number: 2202137

Decision Date: 5/19/22

Hearing Date: 04/25/2022

Hearing Officer: Christopher Taffe

Appearance for Appellant:



Appearance for MassHealth:

Harold Kaplan, DMD (Consultant for
DentaQuest, 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 – Orthodontics
Decision Date:	5/19/22	Hearing Date:	04/25/2022
MassHealth's Rep.:	H. Kaplan, DMD	Appellant's Rep.:	Mother, pro se
Hearing Location:	HarborSouth Tower, Quincy	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

Through a notice dated March 8, 2022 MassHealth denied Appellant's request for prior authorization of full orthodontic treatment. See Exhibit 1; 130 CMR 420.431. A timely appeal was filed on Appellant's behalf with the Board of Hearings on March 22, 2022. See Exhibit 1; 130 CMR 610.015(B). Challenging a denial of a MassHealth of a 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 her 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 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. It is not enough to say that the Appellant has imperfect teeth or that Appellant's family 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 a high amount of dental problems so that the bite falls into the group of malocclusions with the most severe issues.

Appellant's orthodontic provider submitted a prior authorization (PA) request for comprehensive orthodontic treatment, together with X-rays and photographs. As part of the PA submission, Appellant's dental provider submitted the Handicapping Labio-Lingual Deviations (HLD) form but did not fill out the scoring. Instead, the submission from Appellant's dental provider indicated that there was a claim that a single automatic qualifying condition was present; that condition was "*Impinging overbite with evidence of occlusal contact into the opposing soft tissue.*" Appellant's provider did not submit a separate medical necessity narrative from an appropriate medical provider about a non-dental issue.

MassHealth testified that there are a few ways to have a PA request for orthodontic treatment qualify for approval. The most common is if there is a claim on the HLD point scale, where 22 points is indicative of the amount of severity needed for approval. Dr. Kaplan testified that during the initial denial and review of the materials, DentaQuest found an HLD score of 12. Dr. Kaplan stated that he took a second review for the hearing, and he found discrepancies with a HLD score of 15. Dr. Kaplan also stated that based on review of the x-rays and photograph, he saw no evidence of the impinging overbite, in that Appellant had a relatively deep overbite (of approximately 6 millimeters, for which Appellant received 5 points from the first reviewing dentist, and 6 points for the 6 millimeters observed by Dr. Kaplan) but it was not impinging. Specifically, Dr. Kaplan saw no signs of discoloration or trauma in the photos showing the upper palate, nor did the x-rays show an angle where the lower teeth would go into the palate or tissue area near the palate on the roof of the mouth.

Because of these findings, Dr. Kaplan testified that he had to uphold the denial of the PA request

as the malocclusion was not severe enough at the present time.

Appellant's mother expressed disappointment over the denial as her daughter had a significant overbite. She also believed and heard from others that her daughter needed braces to fix her teeth. Appellant's mother did not provide any testimony indicating that she was aware or heard of any problem with the upper palate, such as blood or pain in the area. In terms of other notable issues, Appellant's mother spoke of some crowding in the lower front teeth.

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 no HLD.
 - b. DentaQuest, during the initial review leading to the denial notice, found an HLD score of 12 points.
 - c. At hearing, the DentaQuest representative testified that he found an HLD score of 15 points.
(Testimony and Exhibit 3)
3. Appellant has a deep overbite, but it is not an impinging overbite with evidence of damage or other dental trauma to the upper palate caused by the lower teeth. (Testimony and Exhibit 3)
4. There is no evidence of a claim for any other automatic qualifying condition, such as a cleft palate. (Testimony and Exhibit 3)
5. Appellant's orthodontic provider did not submit complete and submit separate documentation related to whether treatment is medically necessary in accordance with the instructions on the latter pages of the HLD form. (Testimony and Exhibit 5).

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

¹ 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual (ORM) publication as a source of additional explanatory guidance beyond the regulations. It is noted that references

covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 420.421 through 420.456. See 130 CMR 420.421 (A) through (C).

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

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 claimed one automatic qualifying condition. Specifically, an impinging overbite with a claim of occlusal contact into the opposing soft tissue. However, the MassHealth Representative’s assessment, testimony, and explanation about how the overbite was not severe enough to satisfy the condition was logical and consistent with the evidence.

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> and the ORM dated January 1, 2022, (available at <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>) (both last viewed on May 17, 2022).

Appellant's orthodontist also did not submit an appropriate and separate set of medical necessity letters and documentation to justify the need for the request for braces on medical grounds separate or more secondarily related to dental issues. See HLD form in Exhibit 3. That leaves only a need to review the HLD scores to see if Appellant's bad bite or malocclusion is severe enough to qualify as a handicapping malocclusion. The MassHealth standard requires a current score of 22 on the HLD index. In this case, the record is clear that none of the two reviewing dentists who completed an HLD review found a score of 22 or more points needed for approval. Appellant's orthodontist did not submit an HLD score for review, suggesting that he or she also found no evidence of a score of 22 or higher.

Appellant's arguments about the child's need and the overbite are not persuasive enough to show that she meets the standard for qualification. As mentioned at hearing, Appellant can be re-examined in six months per 130 CMR 420.431(C)(1) to have her bite and conditions reassessed, including the overbite, to see if the problem has become severe enough to allow MassHealth to consider future approval.

However, at the current time, I conclude that there is no basis to rescind or overrule the MassHealth decision to deny orthodontic treatment. 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.

Christopher Taffe
Hearing Officer
Board of Hearings

cc: DentaQuest