

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2202469
Decision Date:	6/16/2022	Hearing Date:	05/09/2022
Hearing Officer:	Christopher Jones	Record Open to:	05/20/2022

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:	Prior Authorization – Orthodontia
Decision Date:	6/16/2022	Hearing Date:	05/09/2022
MassHealth’s Rep.:	Dr. Harold Kaplan	Appellant’s Rep.:	Mother
Hearing Location:	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

Through a notice dated March 24, 2022, MassHealth denied the appellant’s prior authorization request for orthodontia. (Exhibit 3, p. 3.) The appellant filed this appeal in a timely manner on March 31, 2022. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Following the hearing, the record was left open until May 20 for the appellant to submit additional evidence from his pediatrician documenting that orthodontia was medically necessary to treat a non-dental condition. Nothing was submitted.

Action Taken by MassHealth

MassHealth denied the appellant’s prior authorization request for orthodontia.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that that comprehensive orthodontia was not medically necessary for the appellant.

Summary of Evidence

The appellant's provider submitted a prior authorization request on the appellant's behalf seeking MassHealth coverage for comprehensive orthodontic treatment. Along with photographs and x-rays, the provider submitted a Handicapping Labio-Lingual Deviations ("HLD") Form, with a total score of 11 points.

DentaQuest, MassHealth's dental contractor, reviewed the submitted images and determined that the appellant's HLD Score was 18. At the hearing, it was explained that MassHealth only pays for orthodontia when the member's bite is sufficiently severe to be considered handicapping. MassHealth uses the HLD Form to measure various aspects of a person's bite to determine if the member has a "handicapping malocclusion." This scale looks at nine characteristics of a bite to measure how the teeth work. Many children may be appropriate for orthodontic care but do not meet MassHealth's definition of a physically handicapping bite. Dr. Kaplan performed his own measurements on the submitted images and he found 19 points. Therefore, all orthodontists to evaluate the appellant's bite found an HLD Score below 22 points.

The appellant's mother was frustrated that braces could not be approved. She believed that other children were covered for braces by MassHealth whose teeth are not as bad as her son's. She testified that her son is underweight and short. She testified that his bottom teeth make it hard for him to eat particular foods. She testified that the crowding in his bottom teeth are going to cause decay and cavities because they are hard to clean. She testified that the appellant's pediatrician had told them the appellant needs to eat particular foods, and that he would benefit from orthodontia to get the vitamins he needs. She also testified that he is teased because of how his teeth look, and that he feels very badly about how his teeth look.

Dr. Kaplan suggested that she have the appellant's pediatrician put in writing that the appellant would medically benefit from braces, either to ensure appropriate nutrition or because it would benefit his psychological wellbeing. If MassHealth received documentation from a medical provider explaining a non-dental reason why orthodontia would be beneficial, it would take that information into consideration in deciding if orthodontia is medically necessary. The record was left open to allow the appellant the opportunity to submit such a letter. No additional documentation was received from the appellant.

Findings of Fact

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

1. The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment with photographs and x-rays. The submitted HLD Form found a total score of 11. (Exhibit 3, pp. 6, 8-15.)
2. MassHealth denied comprehensive orthodontia, finding only 18 points on the HLD scale. (Exhibit 3, pp. 3-5, 7, 16.)

3. Dr. Kaplan found a score of 19 points. (Testimony by Dr. Kaplan.)

Analysis and Conclusions of Law

MassHealth provides orthodontic services when it determines them to be medically necessary. (130 CMR 420.431.) Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000, and the MassHealth Dental Manual.¹ (130 CMR 450.204.) Pursuant to 130 CMR 420.431(C)(3), MassHealth “pays for comprehensive orthodontic treatment ... 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.” The regulations do not speak directly to what conditions qualify as “severe and handicapping” except to specifically cover “comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies to the extent treatment cannot be completed within three years.” (130 CMR 420.431(C)(3).)

The HLD Form is a quantitative and objective method for measuring malocclusions. It is used to add up a single score based on a series of measurements that represent the degree to which a bite deviates from normal alignment and occlusion. MassHealth has made a policy decision that a score of 22 or higher signifies a “severe and handicapping malocclusion,” ostensibly a medical necessity for orthodontia. Certain exceptional malocclusions are deemed automatically severe and handicapping: cleft palate, deep impinging overbite, severe maxillary anterior crowding, anterior impaction, severe traumatic deviation, overjet greater than nine millimeters, or reverse overjet greater than 3.5 millimeters. The HLD Form also allows medical providers to explain how orthodontia is medically necessary, despite not satisfying the dental criteria otherwise captured on the form.

None of the orthodontists to review the appellant’s bite found that it qualified under the HLD Scale. Therefore, the appellant does not qualify for coverage at this time. This appeal is DENIED. MassHealth will pay for an orthodontia evaluation every six months. (130 CMR 420.431(C)(1).) They are welcome to resubmit for orthodontia and include any information they receive from their pediatrician regarding why orthodontia would be medically necessary.

Order for MassHealth

None.

¹ The Dental Manual and Appendix D are available on MassHealth’s website, in the MassHealth Provider Library. (Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>, last visited June 2, 2022.) Additional guidance is at the MassHealth Dental Program Office Reference Manual (“ORM”), available at: <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>. (Last visited June 2, 2022.)

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 Jones
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 2, MA