

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2204644
Decision Date:	8/1/2022	Hearing Date:	07/27/2022
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
[Redacted] *via* telephone

Appearance for MassHealth:
Dr. Harold Kaplan *via* telephone

Interpreter:
Spanish



*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 (PA) for Comprehensive Orthodontic Treatment
Decision Date:	8/1/2022	Hearing Date:	07/27/2022
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 a notice dated June 1, 2022, denied the appellant's PA request for comprehensive orthodontic treatment because the submitted documentation did not support the medical necessity of comprehensive orthodontic treatment. (See 130 CMR 420.431 and Exhibit (Ex.) 1; Ex. 4, pp. 3-5). The appellant filed this appeal in a timely manner on June 21, 2022. (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 denying comprehensive orthodontic treatment.

Summary of Evidence

The appellant is an individual under the age of 21. (Ex 4, p. 3). The appellant's treating orthodontist submitted a PA request for comprehensive orthodontic treatment, including relevant forms,

photographs, and x-rays on May 27, 2022. (Ex. 4, pp. 8-14).

The MassHealth representative, a licensed orthodontist, testified to the following. MassHealth usually does not pay for orthodontic treatment. MassHealth will only pay if they feel if the malocclusion is severe, disfiguring or handicapping. The question was not whether the member needed orthodontic treatment but whether the malocclusion was severe enough for MassHealth to pay for the treatment. The MassHealth representative stated that MassHealth determines this using HLD formula. The HLD formula lists all different conditions that can exist in the mouth. The more any one condition deviates from normal, the more points it gets. Overall, the HLD score has to equal or exceed 22 points for MassHealth to pay for treatment. The treating source and the initial MassHealth evaluator came to the following conclusions:

	Treating Source	Initial MassHealth determination
Automatic Approval:		
Cleft Palate	No	No
Deep Impinging Overbite	No	No
Anterior Impactions	Yes	No
Severe Traumatic Deviations	No	No
Overjet Greater than 9 mm	No	No
Reverse Overjet Greater than 3.5 mm	No	No
Severe Maxillary Anterior Crowding, Greater than 8 mm	No	No
Spacing of 10mm or more in either maxillary or mandibular arch (excluding 3 rd molars), includes normal complement in teeth	No	No
HLD Score		
Overjet in mm	2	3
Overbite in mm	4	4
Mandibular Protrusion in mm (x 5)	0	0
Open Bite in mm (x 4)	0	0
Ectopic Eruption (# of teeth x 3)	0	0
Anterior Crowding:	0	5
• Maxilla		
• Mandible		
Labio-Lingual Spread in mm	0	5
Posterior Unilateral Crossbite x 4	0	0
Posterior Impactions or Congenitally Missing Posterior Teeth x 3	0	0
Total HLD Score (Need 22 or Over)	6	17

(Ex. 4, pp. 9, 15).

The MassHealth representative stated that he also examined the appellant's photographs and X-Rays. (Ex. 4, pp. 12-14). The MassHealth representative stated that based on his examination, he also concluded that the HLD score was 17 points. The MassHealth representative noted that the treating

orthodontist marked off that the appellant had one or more impactions of anterior teeth, which is an autoqualifying condition. The MassHealth representative stated that if an autoqualifying condition exists, MassHealth will automatically approve orthodontic treatment. The MassHealth representative stated that he agreed that there was something that was occurring but could not determine whether these were impacted teeth or ectopic teeth. The MassHealth representative therefore could not conclude that the appellant had an autoqualifying condition. For that reason, the MassHealth representative would uphold the denial. The MassHealth representative added that MassHealth will pay for new orthodontic evaluation every six months. In the six months between May and November, it may become more evident as to whether those teeth were impacted or ectopic. Ectopic teeth would be added to the appellant's HLD point total, which is close to 22. Anterior impactions would automatically qualify the appellant for orthodontic treatment.

The appellant's representative testified that she took the appellant to the dentist and he said the teeth continue to grow. The appellant's representative told the dentist that MassHealth denied the request for orthodontic treatment, and the dentist was surprised. The dentist was concerned that if the teeth kept growing in they could damage the surrounding teeth.

Findings of Fact

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

1. The appellant is an individual under the age of 21. (Ex 4, p. 3).
2. The appellant's treating orthodontist submitted a PA request for comprehensive orthodontic treatment, including relevant forms, photographs, and x-rays on May 27, 2022. (Ex. 4, pp. 8-14).
3. The MassHealth representative was a licensed orthodontist. (Testimony of the MassHealth representative).
4. MassHealth usually does not pay for orthodontic treatment. (Testimony of the MassHealth representative).
5. MassHealth will only pay if they feel if the malocclusion is severe, disfiguring or handicapping. (Testimony of the MassHealth representative).
6. The question was not whether the member needed orthodontic treatment but whether the malocclusion was severe enough for MassHealth to pay for the treatment. (Testimony of the MassHealth representative).
7. MassHealth determines this using HLD formula. (Testimony of the MassHealth representative).
8. The HLD formula lists all different conditions that can exist in the mouth. (Testimony of the MassHealth representative).
9. The more any one condition deviates from normal, the more points it gets. (Testimony of the MassHealth representative).

10. Overall, the HLD score has to equal or exceed 22 points for MassHealth to pay for treatment. (Testimony of the MassHealth representative).
11. The treating orthodontist, the initial MassHealth evaluator, and the MassHealth representative all concluded that the appellant's HLD score was less than 22. (Ex. 4, pp. 9, 15; Testimony of the MassHealth representative).
12. The treating orthodontist marked off that the appellant had one or more impactions of anterior teeth, which is an autoqualifying condition. (Ex. 4, p. 9; Testimony of the MassHealth representative).
13. If an autoqualifying condition exists, MassHealth will automatically approve orthodontic treatment. (Testimony of the MassHealth representative).
14. The MassHealth representative stated that he agreed that there was something that was occurring but could not determine whether these were impacted teeth or ectopic teeth. (Testimony of the MassHealth representative).

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 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 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 MassHealth 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. MassHealth also approves prior authorization requests for comprehensive orthodontic treatment when the member has one of the “auto qualifying” conditions described by MassHealth in the HLD Index. This includes “[s]pacing of 10mm or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth.” (See also MassHealth Dental Program Office Reference Guide § 3.7).

The record shows by the preponderance of the evidence that the appellant does not qualify for comprehensive orthodontic treatment. The three orthodontists involved in this case all agreed that the appellant’s HLD score did not exceed 22. The appellant’s orthodontist asserted the appellant had an autoqualifying condition. The MassHealth in its initial determination concluded that the appellant did not have any autoqualifying conditions. MassHealth representative, who, again, is a licensed orthodontist, testified under oath that after carefully reviewing the x-rays and photographs he could not conclude that the appellant had an autoqualifying condition. Given the MassHealth representative’s expertise, and the fact that he was under oath, this testimony must be given some amount of evidentiary weight.

For the above stated reasons, 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