Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Dismissed **Appeal Number:** 2205592

Decision Date: 8/31/2022 **Hearing Date:** 08/29/2022

Hearing Officer: Susan Burgess-Cox

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: Dismissed Issue: Prior Authorization

Decision Date: 8/31/2022 **Hearing Date:**

MassHealth's Rep.: Dr. Harold Kaplan Appellant's Rep.: Mother

Hearing Location: All Parties **Aid Pending:** No

Appeared by Telephone

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 July 19, 2022, MassHealth denied a prior authorization request for orthodontic treatment. (130 CMR 420.431; Exhibit 1). The appellant appealed this decision in a timely manner on July 26, 2022. (Exhibit 2). All parties appeared by telephone at a hearing held on August 29, 2022. (Exhibit 3).

The Hearing Officer provided a hearing introduction; all parties were sworn in; and the MassHealth representative offered testimony regarding the decision at issue. Prior to offering any testimony or evidence, the call to the appellant's mother ended. After the call ended, the Hearing Officer tried to contact the appellant's mother at least twice to ensure that the call did not end for a reason other than termination by the appellant's mother. Each time there was a connection to voicemail but no one answered the telephone.

The appellant's mother appeared at a hearing held immediately prior to this, utilizing the same telephone. That hearing went forward without any difficulty with the telephone connection.

Pursuant to 130 CMR 610.049, a hearing can be dismissed for lack of prosecution. The actions of the appellant's mother including an initial

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appearance at the hearing and subsequent termination of the call prior to presenting any testimony or evidence demonstrates an intention not to continue with the appeal. Therefore, this appeal is dismissed for lack of prosecution. (130 CMR 610.049).

Even if this appeal was not dismissed, it would be denied as the appellant did not demonstrate that they met the requirements to obtain prior authorization for orthodontic treatment.

Pursuant to 130 CMR 420.431(C)(3), MassHealth 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. MassHealth determines whether a malocclusion is handicapping based on clinical standards for medical necessity as described in Appendix D of the Dental Manual. (130 CMR 420.431(C)(3)).

Appendix D of the MassHealth Dental Manual provides a copy of the Handicapping Labio-Lingual Deviations Form (HLD) which is a quantitative, objective method for measuring malocclusion. (MassHealth Dental Manual, Appendix D). The HLD allows for the identification of certain autoqualifiing conditions and provides a single score, based on a series of measurements, which represent the presence, absence, and degree of handicap. (MassHealth Dental Manual, Appendix D). Treatment will be authorized for cases with a verified autoqualifier or verified score of 22 and above. (MassHealth Dental Manual, Appendix D; 130 CMR 420.431(C)(3)). Autoqualifiers include a cleft palate deformity, deep impinging overbite, anterior impaction, an overjet greater than 9 millimeters or severe traumatic deviation. (MassHealth Dental Manual, Appendix D).

While the appellant may benefit from orthodontic treatment, the regulations clearly limit eligibility for such treatment to patients with handicapping malocclusions. (130 CMR 420.431(C)(3)). The MassHealth representative noted all three orthodontists, including the appellant's orthodontist, scored below the required 22 points. Additionally, while the appellant's orthodontist indicated that the appellant had an autoqualifying condition of a deep impinging overbite, neither the initial reviewing orthodontist nor the one present at hearing found any tissue damage or other indication of a deep impinging overbite.

In addition to the scoring system noted above, MassHealth allows providers to submit a medical necessity narrative (along with the required completed HLD) in any case where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is

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medically necessary to treat a handicapping malocclusion. (MassHealth Dental Manual, Appendix D). Providers must submit this narrative in cases where the patient does not have an autoqualifying condition or meet the threshold score on the HLD, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. (MassHealth Dental Manual, Appendix D). The medical necessity narrative must clearly demonstrate why comprehensive orthodontic treatment is medically necessary for the patient. (MassHealth Dental Manual, Appendix D). The appellant's orthodontist did not provide a narrative or records from another clinician to demonstrate that comprehensive orthodontic treatment was medically necessary. (130 CMR 420.410; 130 CMR 420.431(C); 130 CMR 450.204).

As noted above, if this appeal was not dismissed it would be denied as the decision by MassHealth denying prior authorization for comprehensive orthodontic treatment was correct.

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.

Susan Burgess-Cox Hearing Officer Board of Hearings

CC:

MassHealth Representative: DentaQuest 1, MA

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