

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2206611
Decision Date:	10/20/2022	Hearing Date:	10/03/2022
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Carl Perlmutter



*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
Decision Date:	10/20/2022	Hearing Date:	10/03/2022
MassHealth's Rep.:	Dr. Carl Perlmutter	Appellant's Rep.:	Mother
Hearing Location:	All Parties Appeared by Telephone	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 August 18, 2022, MassHealth denied appellant's prior authorization request for comprehensive orthodontic treatment. (Exhibit 1). The appellant filed a timely appeal on September 2, 2022. (130 CMR 610.015; Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

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

Issue

Whether MassHealth was correct in denying the appellant's prior authorization request for comprehensive orthodontic treatment.

Summary of Evidence

All parties appeared by telephone. The appellant submitted a prior authorization request for comprehensive orthodontic treatment. MassHealth denied this request as the appellant's condition did not rise to the level that would allow MassHealth to authorize coverage for treatment.

In determining whether a member will qualify for MassHealth coverage of orthodontic treatment, the agency uses the Handicapping Labio-Lingual Deviations Form (HLD). The HLD is a quantitative, objective method for measuring a malocclusion. The HLD provides a single score, based on a series of measurements that represent the degree to which a case deviates from normal alignment and occlusion. For MassHealth to approve prior authorization for treatment, the patient would have to have a handicapping malocclusion. Such patients need to have a HLD score of 22 or higher to meet that requirement. Additionally, individuals with cleft palate deformities, deep impinging overbites, anterior impaction or other auto-qualifying conditions are considered to have a handicapping malocclusion.

The appellant's provider gave a score of 31 and identified two autoqualifying conditions. An orthodontist from DentaQuest, the agency that oversees the MassHealth Dental Program, reviewed the appellant's records and gave a score of 12 and found no autoqualifying condition. The MassHealth representative at hearing, a licensed orthodontist, reviewed the appellant's records and gave a score of 12 and found no autoqualifying condition.

The MassHealth representative noted discrepancies in the orthodontist's findings of two auto qualifying conditions. First, the orthodontist indicated that the appellant had a deep impinging overbite with evidence of occlusal contact into the opposing soft tissue. The MassHealth representative testified that the records do not show any evidence of occlusal contact into the opposing soft tissue. Second, the orthodontist indicated that the appellant had an overjet greater than 9 millimeters. The MassHealth representative testified that neither one of the orthodontists performing a review of the records for MassHealth found an overjet greater than 9 millimeters. The orthodontist performing the initial review for MassHealth found an overjet of 4 millimeters. The MassHealth representative at hearing found an overjet of 5 millimeters.

The following table reflects the scoring discrepancies between the three orthodontists:

Condition	Appellant's Orthodontist	MH Initial Review	MH Hearing Review
Overjet (in mm)	9	5	4
Overbite (in mm)	6	5	6
Mandibular Protrusion	0	0	0
Anterior Open Bite	0	0	0
Ectopic Eruption	0	0	0
Anterior Crowding	10	0	0
Labio-Lingual Spread	6	2	2
Posterior Unilateral Crossbite	0	0	0
Posterior Impactions	0	0	0
		0	0
Overall Score	31	12	12

The MassHealth representative at hearing testified that while the appellant had some anterior crowding, a score can only be provided if the crowding is over 3.5 millimeters. The scoring system allows for 5 points for each arch. While the appellant's orthodontist indicated a score of 5 points for each arch, as indicated in the table above, two orthodontists reviewing the same records did not find over 3.5 millimeters of crowding in either the upper or lower arch. Removal of those 10 points would result in a score of less than 22 points.

The appellant's mother noted that several dentists have said that the appellant has an overbite. The appellant's mother testified that the appellant has a hard time eating, spacing in the bottom of his teeth and crooked teeth on top. The appellant's mother testified that as the appellant gets older it is likely that his condition will get worse. Therefore, she asked that MassHealth provide coverage to treat this condition now rather than later.

The MassHealth representative noted that while the appellant would benefit from orthodontic treatment his condition did not rise to the level for MassHealth to pay for the treatment. The MassHealth representative encouraged the appellant to continue to visit the orthodontist and should his condition change, MassHealth may authorize payment for the treatment.

Findings of Fact

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

1. The appellant requested prior authorization for comprehensive orthodontic treatment.

2. The appellant is under 21 years of age.
3. The appellant's provider gave a score of 31.
4. An orthodontist from DentaQuest, the agency that oversees the MassHealth Dental Program, reviewed the appellant's records and gave a score of 12.
5. The MassHealth representative at hearing, a licensed orthodontist, reviewed the appellant's records and gave a score of 12.
6. Discrepancy's in scoring included the appellant's provider giving a score of 10 for anterior crowding and a determination that the appellant had an overjet greater than 9 millimeters.
7. The appellant's orthodontist found a deep impinging overbite.
8. The appellant's records did not have evidence of occlusal contact with the opposing soft tissue.
9. Two orthodontists reviewing records for MassHealth found an overjet of 5 millimeters or less.
10. The appellant's provider did not submit a narrative that included a diagnosis, opinion or expertise of a licensed clinician to demonstrate that orthodontic treatment is medically necessary.

Analysis and Conclusions of Law

MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. (130 CMR 420.410(A)(1)). A service is "medically necessary" if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to MassHealth.

(130 CMR 450.204(A)).

Services requiring prior authorization are identified in Subchapter 6 of the Dental Manual, and may also be identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances. (130 CMR 420.410(A)(2)). The Dental Manual indicates that Orthodontic Treatment requires prior authorization. (MassHealth Dental Manual Subchapter 6).

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 autoqualifying 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 verified autoqualifiers or verified scores of 22 and above. (MassHealth Dental Manual, Appendix D; 130 CMR 420.431(C)(3)).

Autoqualifiers include: a cleft palate deformity; severe traumatic deviations; crowding of 10 millimeters or more; spacing of 10 millimeters or more; a deep impinging overbite; an overjet of 9 millimeters or greater; a reverse overjet greater than 3.5 millimeters; impactions where eruption is impeded but extraction is not indicated; an anterior crossbite of 3 or more of the maxillary teeth per arch; a posterior crossbite of 3 or more of the maxillary teeth per arch; congenitally missing teeth; a lateral open bite of 2 millimeters or more; and an anterior open bite of 2 millimeters or more. (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)). As stated above, to have a handicapping malocclusion, an individual must have an HLD score of 22 or higher or have an autoqualifying condition.

The MassHealth representative noted the two representatives from MassHealth scored below the 22 points and found at least two discrepancies in scoring that would bring the score of the appellant's orthodontist below 22 points. Additionally, while appellant's orthodontist noted 2 autoqualifying conditions, neither orthodontist representing MassHealth found evidence of either condition. Additionally, the argument that appellant's condition is likely to deteriorate is not sufficient to demonstrate that the appellant qualifies for MassHealth payment of orthodontic treatment. As noted at the hearing and in the regulations, MassHealth only pays for treatment when the member has a handicapping malocclusion. The testimony and evidence at hearing demonstrates that the appellant does not have a handicapping malocclusion.

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 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).

If any part of the requesting provider's justification of medical necessity involves a mental, emotional, or behavioral condition; a nutritional deficiency; a speech or language pathology; or the presence of any other condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, then the narrative and any attached documentation must:

- i. clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g., general dentist, oral surgeon, physician, clinical psychologist, clinical dietitian, speech therapist);
- ii. describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment;
- iii. state the specific diagnosis or other opinion of the patient's condition furnished by the identified clinician(s);
- iv. document the recommendation by the clinician(s) to seek orthodontic

- evaluation or treatment (if such a recommendation was made);
- v. discuss any treatments for the patient's condition (other than comprehensive orthodontic treatment) considered or attempted by the clinician(s); and
 - vi. provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of comprehensive orthodontic treatment. (MassHealth Dental Manual, Appendix D).

The medical necessity narrative must be signed and dated by the requesting provider and submitted on the office letterhead of the provider. (MassHealth Dental Manual, Appendix D). If applicable, any supporting documentation from the other involved clinician(s) must also be signed and dated by such clinician(s) and appear on office letterhead of such clinician(s). (MassHealth Dental Manual, Appendix D). The requesting provider is responsible for coordinating with the other involved clinician(s) and is responsible for compiling and submitting any supporting documentation furnished by other involved clinician(s) along with the medical necessity narrative. (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). The decision by MassHealth denying prior authorization for comprehensive orthodontic treatment was correct.

This appeal is denied.

If the appellant's dental condition should worsen or his orthodontist is able to provide the necessary documentation to demonstrate that the treatment is medically necessary, a new prior authorization request can be filed at that time.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA