

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304747
Decision Date:	07/25/2023	Hearing Date:	07/19/2023
Hearing Officer:	Patricia Mullen		

Appearances for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras, DentaQuest



*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:	Orthodontic treatment
Decision Date:	07/25/2023	Hearing Date:	07/19/2023
MassHealth's Rep.:	Dr. David Cabeceiras, DentaQuest	Appellant's Reps.:	Pro se; mother; father
Hearing Location:	Taunton MassHealth Enrollment Center		

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, 2013, MassHealth denied the appellant's request for prior authorization for orthodontic treatment because MassHealth determined that that the appellant does not have a handicapping malocclusion as is required by MassHealth regulations. (see 130 CMR 420.431 and Exhibit 1). The appellant filed this appeal in a timely manner on June 12, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Denial of prior authorization is valid grounds for appeal. (see 130 CMR 610.032).

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the appellant does not meet the MassHealth requirements for coverage of

orthodontic treatment.

Summary of Evidence

The appellant is a child and appeared at the hearing with his parents. The appellant's identity was verified by his mother. MassHealth was represented by an orthodontist consultant with DentaQuest, the contracted agent of MassHealth that makes the dental prior authorization determinations. The appellant's orthodontist submitted a request for prior authorization for orthodontic treatment for the appellant on May 25, 2023. (Exhibit 5, p. 3). The appellant's orthodontist completed an Orthodontics Prior Authorization Form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) Form and submitted these along with photographs and x-rays of the appellant's mouth. (Exhibit 5) The appellant's orthodontist noted that a medical necessity narrative would not be submitted. (Exhibit 5, p. 10).

The MassHealth representative testified MassHealth only covers orthodontic treatment when the member has a handicapping malocclusion. The HLD form lists 13 autoqualifiers and 9 characteristics, such as bite and crowding, with corresponding numerical values. (Exhibit 5, p. 9). If a member has any of the 13 autoqualifiers or a HLD score of 22 or higher, the member meets the criteria for a handicapping malocclusion. (Testimony, exhibit 5, p. 9). The 13 autoqualifiers are a cleft lip/palate; impinging overbite with evidence of occlusal contact into the opposing soft tissue; impactions where eruption is impeded but extraction is not indicated (excluding 3rd molars); severe traumatic deviations; overjet greater than 9 millimeters; reverse overjet greater than 3.5 millimeters; crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars); spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars); anterior crossbite of 3 or more maxillary teeth per arch; posterior crossbite of 3 or more maxillary teeth per arch; two or more congenitally missing teeth (excluding 3rd molars) of at least one tooth per quadrant; lateral open bite: 2 mm or more of 4 or more teeth per arch; and anterior open bite: 2 mm or more of 4 or more teeth per arch. (Exhibit 5, p. 9). If any of these are present, the request for orthodontic treatment is approved. (Exhibit 5, testimony). If none of these are present, the orthodontist measures overjet, overbite, mandibular protrusion, open bite, ectopic eruption, anterior crowding in the upper and lower mouth, labio-lingual spread or anterior spacing, posterior unilateral crossbite, and posterior impactions or congenitally missing posterior teeth, and gives each measurement a value based on the calculation worksheet on the HLD Form. (Exhibit 5, p. 9, testimony).

The appellant's orthodontist indicated that the appellant has the autoqualifier of crowding of 10 millimeters or more in either the upper or lower arch (excluding 3rd molars), and the autoqualifier of posterior crossbite of 3 more upper teeth per arch. (Exhibit 5, p. 9). The appellant's orthodontist calculated a HLD score of 32, measuring 4 millimeters for overjet, 5 millimeters for overbite, 9 points for 3 teeth in ectopic eruption, 10 points for crowding in the maxillary (upper) and mandibular (lower) anterior teeth, and 4 points for posterior unilateral crossbite. (Exhibit 5, p.

9). The HLD form states that ectopic eruption should not be scored if the teeth are scored under maxillary and/or mandibular crowding. (Exhibit 5, p. 9). The MassHealth representative stated that the form allows for scoring under either ectopic eruption, or crowding, not both, and the appellant's orthodontist erroneously scored both categories.

Based on a review of the photographs of the appellant's mouth, MassHealth/DentaQuest calculated a HLD score of 18, measuring 2 millimeters for overjet, 2 millimeters for overbite, 6 points for two teeth in ectopic eruption, 4 millimeters for labio-lingual spread, and 4 points for posterior unilateral crossbite. (Exhibit 5, p. 17). MassHealth/DentaQuest did not find any of the autoqualifiers. (Exhibit 5, p. 15).

The MassHealth representative examined the appellant's mouth at the hearing. The MassHealth representative testified that he measured 2 millimeters for overjet, 3 millimeters for overbite, 6 points for two upper teeth in ectopic eruption, 4 millimeters for labio-lingual spread, and 4 points for posterior unilateral crossbite, for a total of 19 points. The MassHealth representative stated that he gave the higher score of 6 points for the two upper teeth in ectopic eruption, rather than the lower score of 5 points for crowding in the upper mouth. The MassHealth representative testified that the appellant does not have more than 3.5 millimeters of crowding in the lower front teeth and thus cannot get any points for lower anterior crowding. The MassHealth representative stated further that the appellant has only 2 teeth in ectopic eruption, not 3 as indicated by the appellant's orthodontist, and thus the score for ectopic eruption is 6 points, not 9 points.

The MassHealth representative stated that the appellant does not have 10 millimeters of crowding in either the upper or lower teeth and the appellant's orthodontist should not have indicated that the appellant has this autoqualifier. The MassHealth representative testified further that the appellant has 2, not 3, teeth in posterior crossbite and thus does not meet the autoqualifier of posterior crossbite of 3 or more upper teeth.

The MassHealth representative stated that while the appellant would benefit from orthodontic treatment, the issue here is not whether the appellant needs braces, but rather whether he meets the criteria under the regulations for MassHealth to cover the orthodontic treatment. The MassHealth representative stated that because there is no evidence of a handicapping malocclusion, MassHealth will not cover the orthodontic treatment. The MassHealth representative noted that the appellant should go back to the orthodontist 6 months from the last visit and be re-evaluated to see if there is any change in his teeth.

The appellant's parents stated that the appellant suffers from sleep apnea and saw an Ear, Nose, and Throat (ENT) specialist. The ENT physician found that the appellant had problems with his sinuses and adenoids that affected his breathing and the appellant's adenoids were removed. (Testimony). Orthodontia was recommended along with the surgery. (Testimony). The appellant's parents noted that the appellant still snores a lot and is a mouth breather. The MassHealth representative advised the appellant's parents to go back to the appellant's ENT and see if the ENT

believes orthodontic treatment might help with the appellant's medical condition. The appellant's parents would then bring the ENT (or other physician) letter to the orthodontist to submit with a new request for prior authorization. (Testimony). The appellant's orthodontist would indicate that a medical narrative is included with the submission. (Testimony). The MassHealth representative noted that the orthodontist needs to wait until 6 months after the last visit before submitting a new request, so that the orthodontist's evaluation will be covered by MassHealth.

Findings of Fact

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

1. The appellant's orthodontist submitted a request for prior authorization for orthodontic treatment for the appellant.
2. The appellant's orthodontist completed an Orthodontics Prior Authorization Form and a HLD Form and submitted these, along with photographs and x-rays of the appellant's mouth, to DentaQuest.
3. The appellant's orthodontist calculated an HLD score of 32; the appellant scored both ectopic eruption and anterior crowding.
4. The appellant does not have crowding of 10 millimeters or more in either the upper or lower arch (excluding 3rd molars), and does not have a posterior crossbite of 3 more upper teeth per arch.
5. The MassHealth representative calculated an HLD score of 19 after examining the appellant at the hearing.
6. A HLD score of 22 is the minimum score indicative of a handicapping malocclusion.

Analysis and Conclusions of Law

Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime for a member 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. Upon the completion of orthodontic treatment, the provider must take post treatment photographic prints and maintain them in the member's dental record. The MassHealth agency pays for the office visit, radiographs and a record fee of the pre-orthodontic 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 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 21 years of age. Comprehensive orthodontic care should commence when the first premolars and 1st permanent molars have erupted. It should only include the transitional dentition in cases with craniofacial anomalies such as cleft lip or cleft palate. Comprehensive treatment may commence with second deciduous molars present. Subject to prior authorization, the MassHealth agency will pay for more than one 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)).

MassHealth covers comprehensive orthodontic treatment if the MassHealth member evidences a handicapping malocclusion either by having one of the autoqualifiers listed on the HDL form or by meeting a HLD score of 22 or higher. Comprehensive orthodontic treatment is also covered by MassHealth if it is medically necessary for the member as evidenced by a medical necessity narrative and supporting documentation. The appellant's orthodontist noted that no medical necessity narrative would be submitted. It was suggested at hearing that the appellant's parents see if the appellant's ENT, or any of his other physicians, might write a medical narrative in support of orthodontic treatment to alleviate the appellant's medical problems. The medical narrative would be submitted by the provider orthodontist with the next submission for prior authorization.

The appellant's orthodontist noted that the appellant has the autoqualifiers of crowding of 10 millimeters or more in either the upper or lower arch (excluding 3rd molars), and a posterior crossbite of 3 more upper teeth per arch. After examining the appellant's teeth at the hearing, the MassHealth representative determined that the appellant does not have crowding of 10 millimeters or more in the upper or lower arch, and in fact has less than 3.5 millimeters of crowding in the lower anterior teeth. The MassHealth representative also determined that the appellant has 2 teeth in posterior crossbite, not 3, as is required to meet the autoqualifier.

Although the appellant's orthodontist calculated an HLD score of 32, the orthodontist scored in both the ectopic eruption and the crowding categories, and such is not allowed on the HDL form. Further, the appellant does not have more than 3.5 millimeters of crowding in his lower anterior

teeth so the score for crowding is only for the upper teeth and is 5 points, not 10. Also the appellant has only 2 teeth in ectopic eruption, not 3, and thus the score for ectopic eruption is 6, not 9. The HLD form allows for scoring in only ectopic eruption or crowding, not both. Since the appellant's score for 2 upper teeth in ectopic eruption is 6 and is higher than the score for crowding in the upper mouth (5), the 6 points are used in the calculation of the HLD score. After making the corrections, the appellant's orthodontist's accurate HLD score is 19. The MassHealth representative calculated an HLD score of 19 after examining the appellant's teeth. Both the MassHealth representative's HLD score and the appellant's orthodontist's accurate HLD score are less than the necessary 22 for approval of MassHealth coverage. Because the appellant does not meet the criteria for any of the autoqualifiers, nor does he have an HLD score of 22 or higher, there is no evidence to support that the appellant has a handicapping malocclusion. MassHealth was correct in denying the request for prior approval pursuant to 130 CMR 420.431. MassHealth's action is upheld and 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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest