

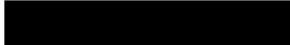
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304785
Decision Date:	08/21/2023	Hearing Date:	08/16/2023
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Harold Kaplan

Interpreter:

Interpreters & Translators, Inc. # 258476



*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:	08/21/2023	Hearing Date:	08/16/2023
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Mother
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 May 30, 2023, MassHealth denied appellant's prior authorization request for comprehensive orthodontic treatment. (Exhibit 1). The appellant filed a timely appeal on June 12, 2023. (130 CMR 610.015; Exhibit 2). The Board of Hearings scheduled a hearing for July 26, 2023. (Exhibit 3). At the request of the appellant and a finding of good cause, the Board of Hearings rescheduled the hearing for August 16, 2023. (130 CMR 610.048; Exhibit 4; Exhibit 5).

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

The hearing was scheduled to be held in-person at the Tewksbury MassHealth Enrollment Center. As noted above, the Board of Hearings scheduled a hearing date and time on more than one occasion due to an approval of a request to reschedule the hearing. (Exhibit 3; Exhibit 4; Exhibit 5). Both scheduling notices clearly indicate that the hearing will be held at the Tewksbury MassHealth Enrollment Center. (Exhibit 3; Exhibit 5). The MassHealth representative and the hearing officer were at the Tewksbury MassHealth Enrollment Center at the time of the hearing. The appellant's mother did not appear and contacted the Board of Hearings later in the day regarding status of the hearing. Prior to receiving a telephone call from the appellant's mother, the Board of Hearings was prepared to dismiss the appeal for failure to appear. Upon receiving information about the inquiry from the appellant's mother, the hearing officer and MassHealth representative were available to move forward with the hearing telephonically. Upon receiving the telephone call from the hearing officer, the appellant's mother agreed to move forward with the hearing telephonically.

The appellant's orthodontist 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 an autoqualifying condition are considered to have a handicapping malocclusion. Autoqualifying conditions include: a cleft lip, cleft palate or other Cranio-Facial Anomaly; impinging overbite with evidence of occlusal contact into the opposing soft tissue; impactions where eruption is impeded but extraction is not indicated (excluding third molars); severe traumatic deviations; overjet greater than 9 millimeters (mm); reverse overjet greater than 3.5 mm; crowding of 10 mm or more; spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars); 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; two or more congeniality missing teeth (excluding third molars) of at least one tooth per

quadrant; a lateral open bite of 2 mm or more; and an anterior open bite of 2 mm or more. (MassHealth Dental Manual, Appendix D).

The appellant's provider gave a score of 22 points and did not identify an autoqualifying condition. An orthodontist from DentaQuest, the agency that oversees the MassHealth Dental Program, reviewed the appellant's records, gave a score of 14 and did not identify an autoqualifying condition. The MassHealth representative at hearing, a licensed orthodontist, reviewed the appellant's records, gave a score of 20 and did not identify an autoqualifying condition. Scoring discrepancies noted in the records show the appellant's orthodontist scoring 10 for anterior crowding of the maxilla (upper arch) and mandible (lower arch) with MassHealth finding crowding in the upper arch for 5 points but not enough crowding for points in the lower arch. The MassHealth representative testified that a score for anterior crowding requires crowding that exceeds 3.5 mm in an arch. A score is provided for each arch. The appellant's orthodontist found crowding that exceeds 3.5 mm in both arches. MassHealth did not find crowding that exceeds 3.5 mm in the lower arch.

The appellant's mother testified that two orthodontist said that the appellant needed braces. The appellant's mother testified that it is likely that the appellant's condition will get worse and she did not understand why the appellant should have to wait until that time. The appellant's mother testified that she had issues with crowding in her own teeth and the condition led to damage to the teeth. The MassHealth representative responded that the agency could only speak to the appellant's condition and at this time it does not rise to the level for MassHealth to pay for 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 22 and did not identify an autoqualifying condition.
4. An orthodontist from DentaQuest, the agency that oversees the MassHealth Dental Program, reviewed the appellant's records, gave a score of 14 and did not identify an autoqualifying condition.
5. The MassHealth representative at hearing, a licensed orthodontist, reviewed the

appellant's records, gave a score of 20 and did not identify an autoqualifying condition.

6. Discrepancy's in scoring included the appellant's provider giving a total score of 10 for anterior crowding that exceeds 3.5 mm in the maxilla and mandible.
7. MassHealth not finding crowding that exceeds 3.5 mm in the lower arch.
8. 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 a verified autoqualifying condition or score of 22 and above. (MassHealth Dental Manual, Appendix D; 130 CMR 420.431(C)(3)).

Autoqualifying conditions include: a cleft lip, cleft palate or other Cranio-Facial Anomaly; impinging overbite with evidence of occlusal contact into the opposing soft tissue; impactions where eruption is impeded but extraction is not indicated (excluding third molars); severe traumatic deviations; overjet greater than 9 millimeters (mm); reverse overjet greater than 3.5 mm; crowding of 10 mm or more; spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars); 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; two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; a lateral open bite of 2 mm or more; and an anterior open bite of 2 mm 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 that two orthodontists for MassHealth scored below the required 22 points and found at least one discrepancy in scoring that would bring the score of the appellant's orthodontist below the necessary 22 points. Additionally, the argument that appellant may have a condition that can get worse is not sufficient to demonstrate that the appellant qualifies for MassHealth payment of orthodontic treatment at this time. The testimony and evidence at hearing demonstrates that the appellant does not qualify for MassHealth payment for treatment,

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 the orthodontist is able to provide the necessary documentation to demonstrate that the treatment is medically necessary, a new prior authorization request can be submitted 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 2, MA