

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307130
Decision Date:	10/17/2023	Hearing Date:	10/05/2023
Hearing Officer:	Patricia Mullen		

Appearances for Appellant:

Pro se; [REDACTED], mother; [REDACTED], father

Appearance for MassHealth:

Dr. Carl Perlmutter, DentaQuest

Interpreter: Yrama Lopez



*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 services
Decision Date:	10/17/2023	Hearing Date:	10/05/2023
MassHealth's Rep.:	Dr. Carl Perlmutter, DentaQuest	Appellant's Reps.:	Pro se; mother; father
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 August 2, 2023, 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 August 17, 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, who verified his identity. The appellant's parents testified through an interpreter. 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 July 31, 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 autoqualifiers of posterior crossbite of 3 or more maxillary teeth per arch; and anterior open bite, 2 millimeters or more, of 4 or more teeth per arch. (Exhibit 5, p. 9). The appellant's orthodontist calculated a HLD score of 33, measuring 5 millimeters of overjet, 2 millimeters of overbite, 3 millimeters of anterior open bite resulting in a score of 12, 10 points for crowding in the anterior upper and lower teeth, and 4 points for posterior unilateral crossbite. (Exhibit 5, p. 9).

Based on a review of the photographs of the appellant's mouth, MassHealth/DentaQuest

calculated a HLD score of 17, measuring 2 millimeters for overjet, 2 millimeters of anterior open bite resulting in a score of 8, 3 millimeters for labio-lingual spread, and 4 points for posterior unilateral crossbite (Exhibit 5, p. 16). MassHealth/DentaQuest did not find any of the autoqualifiers. (Exhibit 5, p. 16).

The MassHealth representative examined the appellant's mouth at the hearing. The MassHealth representative measured 3 millimeters of overjet, 2 millimeters of overbite, 2 millimeters of anterior open bite for a score of 8, 3 millimeters for labio-lingual spread, and 4 points for posterior unilateral crossbite, for a total HLD score of 20. The MassHealth representative testified that, based on his exam, the appellant does not meet the criteria for any of the autoqualifiers.

The MassHealth representative stated that the appellant has 2 upper teeth in crossbite with 2 lower teeth and received 4 points on the HLD form for his crossbite. The MassHealth representative stated that the appellant does not meet the autoqualifier for posterior crossbite because the autoqualifier requires 3 or more upper teeth in crossbite. The MassHealth representative testified that the appellant also does not meet the autoqualifier of anterior open bite of 4 or more teeth, because the appellant has only two teeth in open bite. The MassHealth representative pointed out that cuspids are not counted in determining anterior open bite.

The MassHealth representative testified further that the appellant does not have 3 millimeters of anterior open bite, rather he measures 2 millimeters for open bite and his total score in this category is 8, not 12 as indicated by the appellant's orthodontist. The MassHealth representative pointed out that the appellant does not have the required 3.5 millimeters of crowding in his upper or lower front teeth, necessary for a score for anterior crowding and thus does not have a score of 10 in this category, as indicated by the appellant's orthodontist.

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 can go back to his orthodontist any time after January 31, 2024 to be re-evaluated.

The appellant's mother stated that the appellant has more teeth coming into his mouth and they are concerned that his teeth will get worse. The appellant's mother stated that the orthodontist told them that this was a difficult case and easier cases have been approved.

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 listed an HLD score of 33.
4. The MassHealth representative calculated an HLD score of 20 after examining the appellant at the hearing.
5. A HLD score of 22 is the minimum score indicative of a handicapping malocclusion.
6. The appellant does not have 3.5 millimeters of crowding in his upper front or lower front teeth.
7. The appellant has an anterior open bite of 2 millimeters, of 2 teeth.
8. The appellant has 2 posterior upper teeth in crossbite.

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.

The appellant's orthodontist noted that the appellant has the autoqualifiers of posterior crossbite of 3 or more upper teeth per arch, and anterior open bite of 2 millimeters or more, of 4 or more teeth per arch. After examining the appellant's teeth at the hearing, the MassHealth representative determined that the appellant has a posterior crossbite of 2 teeth, an anterior open bite of 2 millimeters of 2 teeth, and does not have 3.5 millimeters of crowding in his upper or lower anterior teeth. Accordingly, the appellant does not meet the criteria for posterior crossbite of 3 or more upper teeth per arch, nor does he meet the criteria for anterior open bite of 2 millimeter or more, of 4 or more teeth.

Although the appellant's orthodontist calculated an HLD score of 33, the orthodontist's score for anterior open bite must be reduced to 8 because there is only 2 millimeters of open bite, not 3 millimeters, and the score for crowding must be reduced to 0 based on the measurements taken at the hearing. After making the corrections, the appellant's orthodontist's more accurate HLD score is 19. The MassHealth representative calculated an HLD score of 20 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