

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307299
Decision Date:	10/16/2023	Hearing Date:	10/05/2023
Hearing Officer:	Patricia Mullen		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Carl Perlmutter, 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:	10/16/2023	Hearing Date:	10/05/2023
MassHealth's Rep.:	Dr. Carl Perlmutter, DentaQuest	Appellant's Reps.:	Pro se; 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 23, 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 her father. The appellant's identity was verified by her father. 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 [REDACTED] 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. 12).

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. 11). 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. 11). 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. 11). 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. 11, testimony).

The appellant's orthodontist indicated that the appellant has the autoqualifiers of two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant, and anterior open bite, 2 millimeters or more, of 4 or more teeth per arch. (Exhibit 5, p. 11). The appellant's orthodontist calculated a HLD score of 33, measuring 2 millimeters of mandibular protrusion resulting in a score of 10, 3 millimeters of anterior open bite resulting in a score of 12, 5 points for crowding in the anterior teeth, and 6 millimeters of labio-lingual spread. (Exhibit 5, p. 11).

Based on a review of the photographs of the appellant's mouth, MassHealth/DentaQuest calculated a HLD score of 13, measuring 1 millimeter for overjet, 1 millimeter for overbite, and 11 millimeters for labio-lingual spread. (Exhibit 5, p. 17). MassHealth/DentaQuest did not find any of the autoqualifiers. (Exhibit 5, p. 17).

The MassHealth representative examined the appellant's mouth at the hearing. The MassHealth representative measured 1 millimeter for overjet, 1 millimeter for overbite, and 13 millimeters for labio-lingual spread, for a total HLD score of 15.

The MassHealth representative stated that the appellant does not have at least 2 congenitally missing teeth as is required for the autoqualifier. The MassHealth representative stated that the appellant's orthodontist reported that the appellant's lower first molar was extracted due to cavities and decay, and therefore it is not congenitally missing. (Exhibit 5, p. 9). The MassHealth representative testified that teeth missing due to extraction are not counted as congenitally missing. The MassHealth representative noted that the appellant's upper left lateral incisor is congenitally missing. The MassHealth representative testified that the appellant does not have the autoqualifier of two or more congenitally missing teeth.

The MassHealth representative stated that the appellant does not have an open bite and pointed out that there are no open areas when the appellant bites down.

The MassHealth representative noted that the appellant does not have 2 millimeters of mandibular protrusion and pointed out that the appellant's upper 6 year molars are biting into the middle of the lower 6 year molars and thus there is no mandibular protrusion. The MassHealth representative testified further that the appellant does not have 3 millimeters of anterior open bite, and, in fact does not have an anterior open bite. The MassHealth representative pointed out that the appellant does not have the required 3.5 millimeters of crowding in her upper and lower front teeth, necessary for a score for anterior crowding. The MassHealth representative testified that the appellant has a lot of spacing in her 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 she 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.

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 15 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 her upper front or lower front teeth.
7. The appellant does not have an anterior open bite of any size.
8. The appellant does not have at least 2 congenitally missing teeth.
9. The appellant does not have a mandibular protrusion.

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 two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant, and anterior open bite, 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 does not have an anterior open bite of any size, does not have a mandibular protrusion, and does not have 3.5 millimeters of crowding in her upper or lower anterior teeth. The MassHealth representative stated that the appellant has only one congenitally missing tooth, pointing out that the lower first molar was extracted because of decay. Accordingly, the appellant does not have the autoqualifiers of two more congenitally missing teeth, or an anterior open bite of at least 2 millimeters involving 4 teeth.

Although the appellant's orthodontist calculated an HLD score of 33, the orthodontist's scores for mandibular protrusion, anterior open bite, and crowding must be reduced to 0 based on the measurements taken at the hearing. After making the corrections, the appellant's orthodontist's accurate HLD score is 6. The MassHealth representative calculated an HLD score of 15 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 she 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