

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307369
Decision Date:	11/29/2023	Hearing Date:	11/13/2023
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:
[Redacted] (mother)

Appearance for MassHealth:
Dr. Harold Kaplan



*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:	11/29/2023	Hearing Date:	11/13/2023
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 July 27, 2023, MassHealth denied appellant's prior authorization request for comprehensive orthodontic treatment. (Exhibit 1). The appellant filed a timely appeal on August 23, 2023. (130 CMR 610.015; Exhibit 2).

On September 6, 2023, the Board of Hearings scheduled a hearing for October 5, 2023. (Exhibit 3). On October 11, 2023, the Board of Hearings issued a notice dismissing the appeal as the appellant did not appear at the hearing scheduled for October 5, 2023. (Exhibit 4). Prior to the receipt of the notice dismissing the appeal, the appellant submitted documents showing an appearance at the Tewksbury MassHealth Enrollment Center on October 6, 2023 at 9:00 AM which was the time scheduled for the hearing on October 5, 2023. (Exhibit 5). The appellant also presented documents that she brought as evidence to present at hearing. As the appellant presented good cause to reschedule the hearing, the hearing was rescheduled and held on November 13, 2023. (Exhibit 6).

Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Based upon information provided on the request for hearing form, the Board of Hearings scheduled an interpreter to appear at the hearing. (130 CMR 610.017). The interpreter was

dismissed as the appellant's parents informed the hearing officer that interpreter services were not necessary.

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 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 under these requirements, the patient must have a handicapping malocclusion. Such patients need to have a HLD score of 22 or higher to meet that requirement. Additionally, some autoqualifying conditions are considered as 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 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).

The appellant's orthodontist did not provide an HLD score. Instead, the orthodontist found that

the appellant had an impinging overbite with evidence of occlusal contact into the opposing soft tissue. An orthodontist from DentaQuest, the agency that oversees the MassHealth Dental Program, reviewed the appellant's records, gave a HLD score of 16 and did not find an auto-qualifying condition. The MassHealth representative at hearing, a licensed orthodontist, reviewed the appellant's records and performed an examination of the appellant at hearing. The MassHealth representative at hearing gave a HLD score of 19 and did not find an auto-qualifying condition. The MassHealth representative at hearing noted that while the records show an overbite resulting in an addition of 6 points on the HLD score, it was not impinging and there was no evidence of occlusal contact into the opposing soft tissue. The MassHealth representative testified that an impinging overbite would show the teeth touching the palate, ulcerations, cuts, lacerations or indentations. The MassHealth representative did not find any impingements into the gum tissue.

The appellant's mother testified that the dentist said that the way in which the appellant's teeth are growing, he will need to wear braces to align the teeth. The MassHealth representative responded that while the appellant may benefit from orthodontic treatment, the condition does not rise to the level for MassHealth to pay for the treatment. It was noted at hearing that two out of the three orthodontists reviewing records and examining the appellant did not find an impinging overbite and the appellant's orthodontist did not list any other condition or provide an HLD score that would meet the requirements for MassHealth coverage.

The MassHealth representative encouraged the appellant to continue to visit the orthodontist and should the 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 indicated that the appellant had an impinging overbite.
4. The appellant's provider did not give an HLD score.
5. An orthodontist from DentaQuest, the agency that oversees the MassHealth Dental Program, reviewed the appellant's records, did not find an auto-qualifying condition.

6. The orthodontist from DentaQuest gave an HLD score of 16.
7. The MassHealth representative at hearing, a licensed orthodontist, reviewed the appellant's records, did not find an auto-qualifying condition.
8. The MassHealth representative at hearing gave an HLD score of 19.
9. The appellant did not have any irritation or ulcers on the roof of the mouth, or other evidence of occlusal contact into the opposing soft tissue.
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 a malocclusion. (MassHealth Dental Manual, Appendix D). The HLD allows for the identification of certain auto-qualifying 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 auto-qualifiers or verified scores 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; an 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; an overjet greater than 9 millimeters (mm); a 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 auto-qualifying condition.

The MassHealth representative noted the two representatives from MassHealth scored below the 22 points and did not find an auto-qualifying condition. The appellant's orthodontist did not provide an HLD score but found that the appellant had an impinging overbite. The MassHealth representative at hearing noted that while the appellant's overbite was deep, there were no signs of impingement. The roof of the appellant's mouth was healthy, the bite did not show teeth touching the palate or any type of indentation. The MassHealth Dental Manual defines an impinging overbite as one "with evidence of occlusal contact into the opposing soft tissue". (MassHealth Dental Manual Appendix D). Neither the MassHealth representative at hearing nor the one performing the initial review found evidence of occlusal contact into the opposing soft tissue.

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 auto-qualifying 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 made by MassHealth denying prior authorization for comprehensive orthodontic treatment was correct.

This appeal is denied.

As noted by the MassHealth representative at the hearing, 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 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