

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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| Appeal Decision: | Denied | Appeal Number: | 2311243 |
| Decision Date: | 01/02/2024 | Hearing Date: | 12/13/2023 |
| Hearing Officer: | Patricia Mullen | | |

Appearances for Appellant:



Appearance for MassHealth:

Dr. 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

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|---------------------------|--------------------------------------|---------------------------|-----------------------|
| Appeal Decision: | Denied | Issue: | Orthodontic treatment |
| Decision Date: | 01/02/2024 | Hearing Date: | 12/13/2023 |
| MassHealth's Rep.: | Dr. Cabeceiras, DentaQuest | Appellant's Reps.: | [REDACTED] |
| 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 October 25, 2023, MassHealth denied the appellant's request for prior authorization for orthodontic treatment because MassHealth determined that the appellant does not have a handicapping malocclusion as is required by MassHealth regulations for orthodontic coverage. (130 CMR 420.431 and Exhibit 1). The appellant filed this appeal in a timely manner on November 9, 2023. (130 CMR 610.015(B) and Exhibit 2). Denial of prior authorization is valid grounds for appeal. (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 father who verified the appellant's identity. 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 October 23, 2023. (Exhibit 4, 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 4). The appellant's orthodontist noted that a medical necessity narrative would not be submitted. (Exhibit 4, p. 10).

The MassHealth representative testified that 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 4, 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 4, 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 4, p. 9). If any of these are present, the request for orthodontic treatment is approved. (Exhibit 4, p. 9, 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, abio-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 4, p. 9, testimony).

The appellant's orthodontist indicated that the appellant has the autoqualifiers of impinging

overbite with evidence of occlusal contact into the opposing soft tissue; impactions where eruption is impeded but extraction is not indicated; and overjet greater than 9 millimeters. (Exhibit 4, p. 9). The appellant's orthodontist did not calculate an HLD score. (Exhibit 4, p. 9).

Based on a review of the photographs of the appellant's mouth, MassHealth/DentaQuest calculated an HLD score of 10, measuring 4 millimeters for overjet, 4 millimeters for overbite, and 2 millimeters for labio-lingual spread (Exhibit 4, p. 17). MassHealth/DentaQuest did not find an impinging overbite, impaction, or overjet greater than 9 millimeters in the photographs and x-rays. (Exhibit 4, p. 17, testimony).

The MassHealth representative examined the appellant at the hearing and measured his teeth. The MassHealth representative carefully measured the overjet as being 6 millimeters. The MassHealth representative had the appellant bite down on articulating paper and noted that the appellant's bottom front teeth are not making contact with the soft tissue of the upper mouth and thus the appellant does not have an impinging overbite. The MassHealth reviewed the x-rays and noted that it is too early to tell if the appellant's canine teeth are impacted. The canine teeth are not sideways or crooked and look to be in a position to come down. (Testimony, exhibit 4, p. 15). The MassHealth representative noted further that the x-rays show that the root of the permanent canine teeth are not yet fully developed. Accordingly, it is too early to tell if these teeth are truly impacted. (Testimony). The MassHealth representative calculated an HLD score of 12, measuring 6 millimeters for overjet, 4 millimeters for overbite, and 2 millimeters for labio-lingual spread.

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 stated that the appellant can go back to his provider orthodontist 6 months after his last visit to be re-evaluated and have his HLD score re-calculated. The MassHealth representative stated that many of the appellant's permanent teeth have not erupted and scoring should not be done until the majority of permanent teeth are erupted in the mouth.

The appellant's father noted that the appellant's sister had a similar case and had to have teeth removed. The appellant's father pointed out that the appellant's orthodontist wrote that the appellant's upper canines are impacted.

Findings of Facts

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 noted that the appellant has an impinging overbite, impaction where eruption is impeded but extraction is not indicated, and an overjet of more than 9 millimeters.
4. At the hearing, the MassHealth orthodontist measured 6 millimeters of overjet.
5. At the hearing, the MassHealth orthodontist had the appellant bite down on articulating paper which showed the appellant's overbite did not make occlusal contact into the opposing soft tissue.
6. A review of the appellant's x-rays shows that most of the appellant's permanent teeth have not erupted into the mouth; the unerupted teeth are lined up to come in, are not sideways or at an angle, and the roots are not fully developed.
7. The MassHealth representative calculated an HLD score of 12 after examining the appellant's teeth at the hearing.
8. 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 an 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. Despite the appellant's orthodontist's indication that the appellant has the autoqualifier of an impinging overbite, the exam using articulating paper at the hearing showed no evidence of occlusal contact into the opposing soft tissue, and thus the appellant does not meet criteria for an impinging overbite with evidence of occlusal contact into opposing soft tissue. The appellant's orthodontist indicated that the appellant had impactions where eruption is impeded, but extraction is not indicated. The x-rays show that the majority of the appellant's permanent teeth have not yet erupted and none of the unerupted teeth are sideways or at an angle, but rather are in a position to come down. Further the roots of the canine teeth are not fully developed. It is too early to state with authority that the appellant has impacted teeth that meet the criteria of the HLD tool. Finally, the appellant's orthodontist wrote that the appellant has overjet more than 9 millimeters, however measurement at the hearing showed about 6 millimeters of overjet. Accordingly, the appellant does not meet the criteria for the autoqualifier of overjet greater than 9 millimeters. The MassHealth representative calculated an HLD score of 12. Because there is no evidence that the appellant has any of the autoqualifiers, nor does he have a 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