Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appearance for Appellant: Pro se Appearance for MassHealth: Dr. Harold Kaplan (DentaQuest Rep).



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 - orthodontics
Decision Date:	8/7/2024	Hearing Date:	06/26/2024
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Pro se and 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 April 22, 2024, MassHealth denied the appellant's prior authorization request for comprehensive orthodontic treatment (Exhibit 1). The appellant filed this appeal in a timely manner on May 16, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

The hearing was left open at hearing for appellant to submit documentation of medical necessity and for the MassHealth representative to review. The documentation was provided and reviewed by the MassHealth representative on July 24, 2024, and the hearing officer closed the record on that date.

Action Taken by MassHealth

MassHealth denied appellant's prior authorization request for comprehensive orthodontic treatment.

lssue

The appeal issue is whether MassHealth was correct in determining that appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

MassHealth was represented by orthodontic consultant from DentaQuest who appeared in person. DentaQuest is the third-party contractor that administers and manages the dental program available to MassHealth members. The appellant, a minor child, appeared with her mother at the hearing. Below is a summary of each party's testimony and the information submitted for hearing.

Appellant's orthodontic provider ("the provider") submitted a request for prior authorization of comprehensive orthodontic treatment on behalf of appellant on April 19, 2024. The provider completed an Orthodontics Prior Authorization Form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) Form and submitted these documents with supporting photographs and X-rays to DentaQuest (Exhibit 6). MassHealth denied the request on or around April 23, 2024.

MassHealth will only provide coverage for comprehensive orthodontic treatment for members who have a "severe and handicapping" malocclusion as provided by regulation. A severe and handicapping malocclusion exists when the applicant has either (1) dental discrepancies that result in a score of 22 or more points on the HLD Form, as detailed in the MassHealth Dental Manual, or (2) evidence of one of a group of exceptional or handicapping dental conditions.¹ If such a handicapping condition exists, as explained in both the MassHealth Dental Manual and the HLD Forms within Exhibit 4, this creates an alternative and independent basis for approval of the prior authorization request for comprehensive orthodontics, regardless of the actual HLD score. Alternatively, a provider can submit a narrative and supporting documentation detailing how comprehensive orthodontic treatment is medically necessary.

¹ Per Exhibit 4, MassHealth will approve a prior authorization request for comprehensive orthodontics, regardless of whether the HLD score is 22 or more, if there is evidence of any one of the following exceptional or handicapping conditions: (1) cleft lip, cleft palate, or other cranio-facial anomaly; (2) impinging overbite with evidence of occlusal contact into the opposing soft tissue; (3) impactions where eruption is impeded but extraction is not indicated (excluding third molars), (4) severe traumatic deviations – this refers to accidents affecting the face and jaw rather than congenital deformity. Do not include traumatic occlusions or crossbites; (5) overjet greater than 9 millimeters (mm); (6) reverse overjet greater than 3.5 mm; (7) crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars). Includes the normal complement of teeth; (8) spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars). Includes the normal complement of teeth; (9) anterior crossbite of 3 or more maxillary teeth per arch; (10) posterior crossbite of 3 or more maxillary teeth per arch; (10) posterior crossbite of 3 or more maxillary teeth per arch; (11) two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; (12) lateral open bite: 2 mm or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm or more, of 4 or more teeth per arch; or (13) anteri

The provider submitted documents indicating an HLD score of 5 points for appellant and an autoqualifier of impaction checked off for tooth number 11 (Exhibit 6). The MassHealth consultant found an HLD score of 10 which was the same as the DentaQuest reviewers who originally denied the claim. The consultant did not feel like the tooth can be considered impacted yet as the appellant has teeth that are just slow in coming in. For example, her second bicuspid had still not come in. The consultant felt that appellant should wait 6 months and felt that the tooth might either be impacted or ectopic, but it was too early to tell.

The appellant's mother testified that it has been over a year and the tooth had not come in. Thus, MassHealth should consider it impacted. The mother mentioned that her daughter was seeing a therapist and it was explained that the record could be left open for her to submit a letter of medical necessity from the therapist. A letter dated July 8, 2024 was submitted from appellant's therapist, stating that appellant was participating in psychotherapy to address psychiatric conditions which affect her social interactions and that she was struggling with interacting with peers due to low self-esteem and difficulties with body image (Exhibit 7). The letter further stated that she was seeking braces which may help correct her teeth and help improve her self-confidence and body image in the long run (*Id.*).

The MassHealth consultant reviewed the documentation and stated that the letter did not cite a specific mental health diagnosis for appellant and did not propose any treatment (Exhibit 8). In addition, he wrote that the malocclusion was mild with an HLD score of 10 and thus he would uphold the original denial (*Id*.).

Findings of Fact

Based on a preponderance of the evidence, I find the following:

- 1. Appellant's orthodontic provider submitted a request for comprehensive orthodontic treatment on April 19, 2024.
- 2. MassHealth denied the prior authorization request for treatment on April 23, 2024.
- 3. MassHealth will only provide coverage for comprehensive orthodontic treatment for members who have a "severe and handicapping" malocclusion.
- 4. A severe and handicapping malocclusion exists when the applicant has either (1) dental discrepancies that result in a score of 22 or more points on the HLD Form, as detailed in the MassHealth Dental Manual, or (2) evidence of one of a group of exceptional or handicapping dental conditions.
- 5. The provider submitted an HLD form indicating a score of 5 points and checking off the autoqualifier for impaction for tooth #11.

- 6. MassHealth found an HLD score of 10 points both on initial review and at hearing.
- 7. An impaction is where eruption is impeded, but extraction is not indicated.
- 8. The appellant's teeth are slow to come in and MassHealth feels that it is too early to tell if appellant's tooth is indeed impacted.
- 9. Appellant's therapist submitted a noted stating that she was participating in psychotherapy to address psychiatric conditions which affect her social interactions and that she was struggling with interacting with peers due to low self-esteem and difficulties with body image.

a. The therapist stated that braces may help correct her teeth and help improve her self-confidence and body image in the long run.

Analysis and Conclusions of Law

Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420.000 and in the MassHealth Dental Manual.² Specifically, 130 CMR 420.431(E)(1) states, in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age per lifetime and only when the member has a severe and handicapping malocclusion. The MassHealth agency determines whether a malocclusion is severe and handicapping based on the clinical standards described in Appendix D of the *Dental Manual*.

Per Appendix D of the MassHealth *Dental Manual*. MassHealth approves prior-authorization requests for comprehensive orthodontic treatment when

(1) the member has one of the "autoqualifying" conditions described by MassHealth in the Handicapping Labio-Lingual Deviations (HLD) Form;

(2) the member meets or exceeds the threshold score designated by MassHealth on the HLD Form; or

(3) comprehensive orthodontic treatment is otherwise medically necessary for the member, as demonstrated by a medical-necessity narrative and supporting documentation submitted by the requesting provider.

² The Dental Manual is available in MassHealth's Provider Library, on its website.

Appendix D of the *Dental Manual* includes the HLD form, which is described as a quantitative, objective method for evaluating prior authorization requests for comprehensive orthodontic treatment. 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 will authorize treatment for cases with verified autoqualifiers or verified scores of 22 and above.

Here, appellant does not have a verified score of 22 points from any of the reviewers including the treating orthodontist. Thus, appellant is not approved for treatment based on her HLD score. With respect to the provider's claim that appellant has an impaction, MassHealth disagrees. An impaction is defined in Appendix B as where an eruption is impeded but extraction is not indicated. Upon hearing the MassHealth consultant's testimony, and relying on his expertise, I concur that appellant's tooth is not yet impacted as there is evidence that her teeth are just slow to come in. Thus, appellant is not approved for orthodontic treatment based on autoqualifiers.

With respect to an approval based on medical necessity, the MassHealth consultant is correct. Medical necessity for orthodontic treatment can be met if a provider submits a medical necessity narrative that establishes that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate "a *diagnosed* mental, emotional, or behavioral condition caused by the patient's malocclusion" (emphasis added) (See Exhibit 6, p. 12). The letter from the appellant's therapist provided during a record open period after the hearing fails to document that appellant has a diagnosed mental, emotional or behavioral condition. In fact, no specific diagnosis is given by the therapist other than a vague reference to "psychiatric conditions which affect her social interactions." Moreover, there is no evidence to support that her mental condition is caused by her malocclusion, which is also a requirement under medical necessity criteria.

For these reasons, MassHealth's decision is correct, and this 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.

Radha Tilva Hearing Officer Board of Hearings

MassHealth Representative: DentaQuest 2, MA