

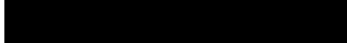
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2410772
Decision Date:	09/03/2024	Hearing Date:	08/28/2024
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:



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:	09/03/2024	Hearing Date:	08/28/2024
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	██████████
Hearing Location:	Tewksbury 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 May 14, 2024, MassHealth denied appellant's prior authorization request for comprehensive orthodontic treatment. (130 CMR 420.431; Exhibit 1). The appellant filed a timely appeal on July 10, 2024. (130 CMR 610.015; Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for comprehensive orthodontic treatment. (130 CMR 420.431).

Issue

Whether MassHealth was correct in denying the appellant's prior authorization request for comprehensive orthodontic treatment.

Summary of Evidence

The MassHealth representative and the appellant's mother appeared in-person. 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, the patient would have to have a handicapping malocclusion. Such patients need to have a HLD score of 22 or higher to meet that requirement.

Additionally, individuals with an autoqualifying condition are considered to have 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 provider gave a score of 25 points and did not identify an autoqualifying condition. An orthodontist from DentaQuest, the agency that oversees the MassHealth Dental Program, reviewed the appellant's records, gave a score of 17 and did not identify an autoqualifying condition. The MassHealth representative at hearing, a licensed orthodontist, reviewed the appellant's records, gave a score of 19 and did not identify an autoqualifying condition. The MassHealth representative testified that one scoring discrepancy was in the area of a mandibular protrusion. The appellant's orthodontist gave a score of 15 for this condition and the orthodontists reviewing the records for MassHealth provided a score of 10 points. The MassHealth representative testified that the protrusion (sticking out) of the lower jaw (mandible) is not as ahead as determined by the appellant's orthodontist. The MassHealth representative noted that this decision was based upon a review by two separate orthodontists. The removal of these 5 points would result in a score of 20 from the appellant's orthodontist.

The appellant's mother testified that she was not aware of the rules governing coverage for orthodontic treatment. The appellant's mother testified that the appellant does not smile and is emotionally impacted by the appearance of her teeth. The MassHealth representative asked the appellant's mother if the appellant goes to a therapist or other provider for services related to any ongoing mental health condition. The appellant's mother responded that the only reason the appellant would have to go to a therapist or similar provider would be to discuss her need for orthodontic treatment. The appellant's mother testified that the appellant does not require any other services as she is engaged in school and other activities and is a happy child other than having concerns regarding the appearance of her teeth. The appellant's mother testified that the appellant had spacers and retainers in the past for which she did not have to pay. The appellant's mother testified that the appellant is being tested for Lupus and is concerned that a diagnosis of Lupus would impact her oral health.

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 gave a score of 25 and did not identify an autoqualifying condition.
4. An orthodontist from DentaQuest, the agency that oversees the MassHealth Dental Program, reviewed the appellant's records, gave a score of 17 and did not identify an autoqualifying condition.
5. The MassHealth representative at hearing, a licensed orthodontist, reviewed the appellant's records, gave a score of 19 did not identify an autoqualifying condition.
6. Discrepancy's in scoring included the appellant's provider giving a score of 15 for a mandibular protrusion which MassHealth gave a score of 10.
7. 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 malocclusion. (MassHealth Dental Manual, Appendix D). 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 Dental Manual, Appendix D). Treatment will be authorized for cases with a verified autoqualifying condition or score 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; 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 congeniality 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 autoqualifying condition.

The MassHealth representative noted that two orthodontists for MassHealth scored below the necessary 22 points and found at least one discrepancy in scoring that would bring the score of the appellant's orthodontist below the necessary 22 points. The testimony and evidence at hearing demonstrates that the appellant does not qualify for payment of treatment under the agency's scoring system.

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 autoqualifying 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 testimony of the appellant's mother that the appellant does not have any other medical condition related to the need for orthodontic treatment and is otherwise happy and healthy both physically and emotionally demonstrates that the appellant is not likely to qualify for services under this section of the regulations. One cannot simply provide a document stating that the orthodontic treatment is medically necessary, the statement needs to be supported by documentation related to the need and show treatments considered by the other provider regarding the related condition.

The decision by MassHealth denying prior authorization for comprehensive orthodontic treatment was correct.

This appeal is denied.

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 submitted 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

MassHealth Representative: DentaQuest 1, MA