

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412245
Decision Date:	9/17/2024	Hearing Date:	09/11/2024
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; Orthodontics
Decision Date:	9/17/2024	Hearing Date:	09/11/2024
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Mother
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 July 22, 2024, MassHealth denied appellant's prior authorization request for comprehensive orthodontic treatment. (Exhibit 1). The appellant filed a timely appeal on August 8, 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.

Issue

Whether MassHealth was correct in denying the appellant's prior authorization request for comprehensive orthodontic treatment. (130 CMR 420.431(C)(3)).

Summary of Evidence

The appellant 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 palate deformity; an impinging overbite with evidence of occlusal contact into the opposing arch; 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 millimeters or more; spacing of 10 millimeters or more; 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 millimeters or more; and an anterior open bite of 2 millimeters or more. (MassHealth Dental Manual, Appendix D).

The appellant's provider gave a score of 25 points and indicated that the appellant had an impacted tooth where eruption is impeded but extraction is not indicated. An orthodontist from DentaQuest, the agency that oversees the MassHealth Dental Program, reviewed the appellant's records, gave a score of 18 and did not identify an autoqualifying condition. The MassHealth representative at hearing, a licensed orthodontist, reviewed the appellant's records, performed an examination, gave a score of 18 and did not identify an autoqualifying condition. The MassHealth representative testified that the tooth that the appellant's orthodontist indicated as impacted where eruption is impeded has not fully formed so one cannot conclude that it is impacted with eruption is impeded.

The following table reflects the scoring of the three orthodontists: .

Condition	Appellant's Orthodontist	MH Initial Review	MH Hearing Review
Overjet (in mm)	4	3	2
Overbite (in mm)	5	5	5
Mandibular Protrusion	0	0	0
Anterior Open Bite	0	0	0
Ectopic Eruption	0	0	0

Anterior Crowding	5	5	5
Labio-Lingual Spread	5	2	3
Posterior Unilateral Crossbite	0	0	0
Posterior Impactions	6	3	3
		0	0
Overall Score	25	18	18

The appellant's mother testified that the appellant has been to prior hearings and the appellant's orthodontist has indicated the same tooth as impacted where eruption is impeded. The appellant's mother noted that the appellant's orthodontist has said that the tooth has been trying to erupt for more than a year. The MassHealth representative responded that he did not dispute the fact that the tooth has not erupted noting that it is still in the process of forming so one cannot conclude that it will not erupt.

The appellant's mother presented X-rays from January 2024 and July 2024 for the MassHealth representative to review. The MassHealth representative noted that there are 2 teeth in January 2024 that had not erupted and indicated as impacted with eruption impeded by the appellant's orthodontist. The records from July 2024 show that one tooth has erupted and the other is still in the process of forming so one cannot determine if it is impacted with eruption impeded. The MassHealth representative testified that if the remaining tooth has not erupted once all of the roots grow in, then it can be deemed impacted with eruption impeded. However, at this time, the records support the fact that the tooth may not be impacted with eruption impeded as one that was indicated as impacted in January 2024 has since erupted.

The appellant's mother presented a letter from the appellant's dentist stating that the appellant is under the care of their group, he was referred to an orthodontic consult due to a malocclusion and generalized spacing. (Exhibit 5). The dentist notes that the spacing has prevented the second molars from fully erupting and if not treated, the appellant is at risk of developing TMJ issues and periodontal problems in the future. (Exhibit 5). The MassHealth representative responded that this summary letter from the dentist does not provide sufficient information for MassHealth to adjust their decision. The MassHealth representative noted that the appellant's orthodontist could provide additional information regarding his findings of an impaction where eruption is impeded for tooth number 7. However, the orthodontist did not provide any additional information related to this scoring discrepancy.

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 indicated that the appellant had an impaction where eruption is impeded on tooth number 7.
4. An orthodontist from DentaQuest, the agency that oversees the MassHealth Dental Program, reviewed the appellant's records, gave a score of 18 and did not identify an autoqualifying condition.
5. The MassHealth representative at hearing, a licensed orthodontist, reviewed the appellant's records, performed an examination, gave a score of 18 did not identify an autoqualifying condition.
6. Discrepancy's in scoring include: the appellant's provider finding an overjet of 4 millimeters with one MassHealth orthodontist finding 3 and the other 2; the appellant's provider finding a labio-lingual spread of 5 millimeters with one MassHealth orthodontist finding a spread of 2 millimeters and the other 3 millimeters.
7. In January 2024, the appellant's orthodontist presented records noting that two teeth were impacted where eruption was impeded.
8. Records from July 2024 show one tooth from the January 2024 records as erupted.
9. 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 palate deformity; an impinging overbite with evidence of occlusal contact into the opposing arch; 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 millimeters or more; spacing of 10 millimeters or more; 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 millimeters or more; and an anterior open bite of 2 millimeters 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 reviewing records for MassHealth scored below the required 22 points. Additionally, although the appellant's orthodontist indicated that the appellant had an impaction where eruption is impeded but extraction is not indicated, neither MassHealth representative found such an impaction noting that the same orthodontist found the same condition on two teeth in January 2024 and records from January 2024 compared to those of July 2024 show that at least one tooth from January 2024 has erupted. The testimony and evidence at hearing demonstrates that the appellant does not qualify for MassHealth payment for orthodontic treatment at this time.

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

This appeal is denied.

As noted at 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 or a narrative to support his findings regarding the impacted tooth, 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