



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
*www.mass.gov/masshealth*



MassHealth  
Transmittal Letter DEN-104  
March 2020

**TO:** Dental Providers Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

A handwritten signature in black ink, appearing to read "Amanda Cassel Kraft".

**RE:** *Dental Manual* (Revised Appendix D)

### **Updates to the MassHealth *Dental Manual* Appendix D**

Consistent with 130 CMR 420.431(C)(3), eligible MassHealth members younger than 21 years of age may qualify for comprehensive orthodontic treatment for handicapping malocclusions, as described in Appendix D of the MassHealth Dental Manual, the *Authorization Form for Comprehensive Orthodontic Treatment* (MassHealth Handicapping Labio-Lingual Deviations Index). The revised Appendix D makes technical edits and clarifies the standards for the medical necessity narrative.

### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to [join-masshealth-provider-pubs@listserv.state.ma.us](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

### **Questions**

If you have questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988-8974.

For additional information, please see the *MassHealth Dental Program Office Reference Manual* (available at [www.masshealth-dental.net](http://www.masshealth-dental.net)).

NEW MATERIAL

(The pages listed here contain new or revised language.)

*Dental Manual*

Pages D-1 through D-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

*Dental Manual*

Pages D-1 through D-6 — transmitted by Transmittal Letter DEN-96



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Dental Manual	<b>Subchapter Number and Title</b> Appendix D: Authorization Form for Comprehensive Orthodontic Treatment	<b>Page</b> D-2
	<b>Transmittal Letter</b> DEN-104	<b>Date</b> 03/25/20

Anterior Crowding – If crowding exceeds 3.5 mm in an arch, score each arch.	Maxilla: 5 points Mandible: 5 points Both: 10 points	
Labio-Lingual Spread (anterior spacing in mm) – See scoring instructions.	# mm X 1	
Posterior Unilateral Crossbite – Must involve 2 or more teeth, one of which must be a molar.	4 points	
Posterior Impactions or Congenitally Missing Posterior Teeth (excluding 3 <sup>rd</sup> )	# teeth X 3	
<b>TOTAL</b>		
<b>Treatment will be authorized for cases with verified autoqualifiers or verified scores of 22 and above.</b>		

### Medical Necessity Narrative

<b>MEDICAL NECESSITY NARRATIVE</b>	
Are you submitting a Medical Necessity Narrative?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are you submitting additional supporting documentation?	Yes <input type="checkbox"/> No <input type="checkbox"/> The medical necessity determination does not involve any mental, emotional, behavioral, or other condition outside the professional expertise of the requesting provider and, therefore, the submitted narrative does not incorporate or rely on the opinion or expertise of anyone other than the requesting provider.

#### ***Instructions for Medical Necessity Narrative and Supporting Documentation*** (if applicable)

Providers may establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative and supporting documentation, where applicable. The narrative must establish that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate

- i. a severe skeletal deviation affecting the patient’s mouth and/or underlying dentofacial structures;
- ii. a diagnosed mental, emotional, or behavioral condition caused by the patient’s malocclusion;
- iii. a diagnosed nutritional deficiency and/or a substantiated inability to eat or chew caused by the patient’s malocclusion;
- iv. a diagnosed speech or language pathology caused by the patient’s malocclusion; or
- v. a diagnosed condition caused by the overall severity of the patient’s malocclusion.

Providers may 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.

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. Submitted documentation must establish that comprehensive orthodontic treatment is medically necessary. MassHealth, through its designated administrator, will make a determination on any claims of medical necessity.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Dental Manual	<b>Subchapter Number and Title</b> Appendix D: Authorization Form for Comprehensive Orthodontic Treatment	<b>Page</b> D-3
	<b>Transmittal Letter</b> DEN-104	<b>Date</b> 03/25/20

The medical necessity narrative must clearly demonstrate why comprehensive orthodontic treatment is medically necessary for the patient. 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.

The medical necessity narrative must be signed and dated by the requesting provider and submitted on the office letterhead of the provider. 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). 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.

I certify under the pains and penalties of perjury that I am the prescribing provider identified on this form. Any attached statement on my letterhead has been reviewed and signed by me. I certify that the medical necessity information (per 130 CMR 450.204) on this form is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Prescribing provider's signature \_\_\_\_\_  
(Signature and date stamps, or the signature of anyone other than the provider, are not acceptable.)

Printed name of prescribing provider \_\_\_\_\_ Date \_\_\_\_\_

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Dental Manual	<b>Subchapter Number and Title</b> Appendix D: Authorization Form for Comprehensive Orthodontic Treatment	<b>Page</b> D-4
	<b>Transmittal Letter</b> DEN-104	<b>Date</b> 03/25/20

### Handicapping Labio-Lingual Deviation Index Scoring Instructions

1. Occlude patient or models in centric occlusion.
2. Record all measurements in the order given and rounded off to the nearest millimeter.
3. Enter score "0" if condition is absent.
4. Start by measuring overjet of the most protruding incisor.
5. Measure overbite from the labio-incisal edge of overlapped front tooth (or teeth) to point of maximum coverage.
6. Score all other conditions listed.
7. **Ectopic eruption and anterior crowding: Do not double score.** Record the more serious condition.
8. Deciduous teeth and teeth not fully erupted should not be scored.

All measurements are made with a measurement tool scaled in millimeters. Absence of any conditions must be recorded by entering "0."

The following information should help clarify the categories on the HLD Index.

1. **Cleft Palate Deformities:** Indicate an "X" on the form. *(This is considered an autoqualifying condition.)*
2. **Deep Impinging Overbite:** Indicate an "X" on the form when lower incisors are destroying the soft tissue of the palate (e.g., ulcerations or tissue tears – more than indentations). *(This is considered an autoqualifying condition.)*
3. **Anterior Impactions:** Indicate an "X" on the form. Anterior impactions include central incisors, lateral incisors, and canines in the maxillary and mandibular arches. *(This is considered an autoqualifying condition.)*
4. **Severe Traumatic Deviations:** Indicate an "X" on the form. "Traumatic deviations" refers to facial accidents rather than congenital deformity (e.g., loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology). Do not include traumatic occlusions or crossbites. *(This is considered an autoqualifying condition.)*
5. **Overjet Greater Than 9 mm:** Indicate an "X" on the form. This is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor. The measurement could apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the form. *(This is considered an autoqualifying condition.)*
6. **Reverse Overjet Greater Than 3.5 mm:** Indicate an "X" on the form. This is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor. The measurement is taken horizontally from the labial of the incisal edge of the mandibular incisor to the nearest point of the labial of the surface of the maxillary incisor. A single tooth in crossbite should not be considered as mandibular protrusion. Reverse overjet greater than 3.5 mm may be demonstrated with a measuring device to verify the claimed measurement. The provider may submit a photo with the measuring device (Boley gauge, disposable ruler, or probe) in the patient's mouth, or on models mounted in centric occlusion. *(This is considered an autoqualifying condition.)*

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Dental Manual	<b>Subchapter Number and Title</b> Appendix D: Authorization Form for Comprehensive Orthodontic Treatment	<b>Page</b> D-5
	<b>Transmittal Letter</b> DEN-104	<b>Date</b> 03/25/20

7. **Overjet in Millimeters:** This is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor. The measurement could apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the form.
8. **Overbite in Millimeters:** A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entered on the form. "Reverse" overbite may exist in certain conditions and should be measured and recorded.
9. **Mandibular Protrusion in Millimeters:** This is recorded with the patient in centric occlusion and measured from the labial of the lower permanent incisor to the labial of the upper permanent incisor. This condition must involve two or more adjacent permanent incisors in reverse overjet. A single permanent tooth in crossbite should not be considered as mandibular protrusion. The measurement is taken horizontally from the labial of the incisal edge of the mandibular incisor to the nearest point of the labial of the surface of the maxillary incisor. Mandibular protrusion greater than 3.5 mm should be marked in the autoqualifier section and should be demonstrated with a measuring device to verify the claimed measurement. The provider may submit a photo with the measuring device (Boley Gauge, disposable ruler, or probe) in the patient's mouth, or on models mounted in centric occlusion. For a measurement of mandibular protrusion less than 3.5 mm, the measurement in millimeters is entered on the form and multiplied by 5.
10. **Open Bite in Millimeters:** This condition is defined as absence of vertical overlap of a maxillary and mandibular permanent incisor. End to end or edge to edge permanent incisors do not count as an open bite. Permanent canines are not scored. To be counted, the entire maxillary incisal edge must not have any end to end contact with a mandibular incisor or any vertical overlap of the mandibular incisor. It is measured from the incisal edge of the permanent maxillary incisor to the nearest point of the incisal edge of the permanent mandibular incisor. This measurement is entered on the form and multiplied by 4.
11. **Ectopic Eruption:** Count each tooth, excluding third molars. Each qualifying tooth must be 100% blocked out of the arch. Enter the number of teeth on the form and multiply by 3. If Condition No. 12, anterior crowding, is also present, with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.
12. **Anterior Crowding:** Arch length insufficiency must exceed 3.5 mm. Score only fully erupted incisors and canines. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter 5 points for maxillary and mandibular anterior crowding. If Condition No. 11, ectopic eruption, is also present in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Dental Manual	<b>Subchapter Number and Title</b> Appendix D: Authorization Form for Comprehensive Orthodontic Treatment	<b>Page</b> D-6
	<b>Transmittal Letter</b> DEN-104	<b>Date</b> 03/25/20

13. **Labio-Lingual Spread:** The measurement tool is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded tooth and the lingually displaced anterior tooth is measured. The labio-lingual spread probably comes close to a measurement of overall deviation from what would have been a normal arch. If multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but only the most severe individual measurement should be entered on the index.
- Additionally, anterior spacing may be measured as the total score in mm from the mesial of cuspid to the mesial of cuspid. Only score the arch with the greatest spacing.
  - Score only the greater score attained by either of these two methods.
14. **Posterior Unilateral Crossbite:** This condition involves two or more adjacent maxillary permanent teeth, one of which must be a permanent molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of 4 on the form.
15. **Posterior Impactions or Congenitally Missing Posterior Teeth:** Total the number of posterior teeth, excluding third molars, that meet this criterion, and multiply by 3.