

Office of Medicaid BOARD OF HEARINGS

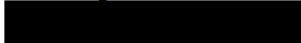
Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2300033
Decision Date:	4/19/2023	Hearing Date:	03/01/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:

Via telephone

 Mother

Appearance for MassHealth:

Via telephone

Dr. David Cabeceiras, D.M.D.

Interpreter: Doralia



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:	Orthodontic services
Decision Date:	4/19/2023	Hearing Date:	03/01/2023
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	Mother
Hearing Location:	Quincy Harbor South 3 (Remote)	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 December 11, 2022, MassHealth denied the Appellant's request for prior authorization for orthodontic treatment. (130 CMR 420.431; Exhibit 1). The Appellant filed this appeal in a timely manner on January 16, 2023 (130 CMR 610.015(B); Exhibit 2).¹ Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's request 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

¹¹ The Appellant initially requested a fair hearing on December 26, 2022. That appeal was dismissed on January 4, 2023 because it failed to contain the inclusion of a parental/guardian signature on behalf of the Appellant, a minor. On January 16, 2023, the Appellant filed a request for an appeal with the proper signature included. Upon receipt, a hearing was scheduled.

The Appellant is a child and was represented telephonically at the hearing by his mother, who testified through an interpreter. MassHealth was represented telephonically by an orthodontal consultant with DentaQuest, the contracted agent of MassHealth that makes the dental prior authorization determinations. On December 9, 2022, the Appellant's orthodontist submitted a request for prior authorization for orthodontic treatment on behalf of the Appellant. (Exhibit 6, p. 3). As part of this request, 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 6, pp. 10-17). The Appellant's orthodontist noted that a medical necessity narrative would not be submitted. (Exhibit 6, p. 13).

The MassHealth representative testified that MassHealth only covers the cost of orthodontic treatment if there is a severe problem (a handicapping malocclusion). In order to determine whether there is a handicapping malocclusion, a HLD Form is completed by both the orthodontic provider and by MassHealth. The HLD Form lists 13 autoqualifiers and 9 characteristics with corresponding numerical values. The MassHealth representative explained that on the HLD form, 22 points is needed for approval.

The Appellant's orthodontic provider did not find that an autoqualifier was present. Moreover, the Appellant's orthodontic provider completed the HLD form and calculated a score of 18 points. (Exhibit 6, p. 12). DentaQuest calculated a score of 10 points. (Exhibit 6, pp. 7, 18). The MassHealth representative calculated a score of 13 points.

The Appellant's representative testified that the Appellant's teeth are twisted and he is in need of braces. She explained that she cannot afford to pay for the needed braces.

Findings of Fact

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

1. The Appellant's orthodontic provider submitted a request for orthodontic treatment on behalf of the Appellant. (Testimony; Exhibit 1; Exhibit 6, pp. 10-17).
2. The Appellant's orthodontic provider completed an Orthodontic Prior Authorization Form and a HLD Form and submitted these to DentaQuest, along with photographs and x-rays of the Appellant's mouth. (Exhibit 6, pp. 10-17).
3. The Appellant's orthodontic provider calculated a HLD score of 18 points. (Exhibit 6, p. 12).
4. DentaQuest calculated a HLD score of 10 points. (Exhibit 6, pp. 7, 18).
5. After reviewing the photographs and x-rays that were submitted, the MassHealth representative calculated a score of 13 points. (Testimony).

6. A HLD score of 22 is the minimum score indicative of a handicapping malocclusion. (Testimony).
7. The Appellant's orthodontic provider did not submit any documentation indicating that the Appellant has an automatic qualifier nor any documentation related to whether treatment is medically necessary. (Testimony; Exhibit 6, pp. 12-13).

Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. (See, 130 CMR 450,204; 130 CMR 420.410). In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq.,² covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 420.421 through 420.456. (See, 130 CMR 420.421 (A) through (C)).

130 CMR 420.431 contains the description and limitation for orthodontic services. With respect to comprehensive orthodontic requests, that regulation reads in relevant part as follows:

420.431: Service Descriptions and Limitations: Orthodontic Services

(A) General Conditions. The MassHealth agency pays for orthodontic treatment, subject to prior authorization, service descriptions and limitations as described in 130 CMR 420.431....

(C) Service Limitations and Requirements.

...

(3) Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime 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....

Appendix D of the Dental Manual contains the current HLD Authorization Form found in Exhibit 6. As indicated by the paper record, the MassHealth testimony, and the relevant regulations, appendices, and manuals (including the HLD Authorization form), MassHealth approves comprehensive orthodontic treatment only when the member meets one of the three following requirements:

² 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual publication as a source of additional explanatory guidance beyond the regulations. It is noted that references in the regulations to the "*Dental Manual*" include the pertinent state regulations, the administrative and billing instructions (including the HLD form), and service codes found in related subchapters and appendices. (See, <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>).

- (1) the member has an “auto qualifying” condition as described by MassHealth in the HLD Index;
- (2) the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD Index; or
- (3) comprehensive orthodontic treatment is medically necessary for the member, as demonstrated by a medical necessity narrative letter and supporting documentation submitted by the requesting provider. Usually this involves a severe medical condition that can include atypical or underlining health concerns which may be either dental or non-dental.

In the present case, the Appellant’s orthodontist did not indicate the presence of an auto qualifying condition. Further, the Appellant’s orthodontist did not submit a medical necessity narrative letter and documentation to justify the necessity for the prior authorization request. That leaves the review of HLD scores to see whether the Appellant’s malocclusion is severe enough to qualify as a handicapping malocclusion. The MassHealth standard requires a current score of 22 on the HLD index. Here, the record is clear that not any of the three (3) reviewing dentists who completed a HLD review, including the Appellant’s own orthodontic provider, found a score of 22 or more points that is needed for approval. As a result, there is no evidence to support that the Appellant has a handicapping malocclusion. MassHealth was correct in denying this request, pursuant to 130 CMR 420.431. This appeal is denied.³

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA

³ This denial does not preclude the Appellant or the Appellant’s orthodontic provider from submitted a new prior authorization request to MassHealth every six months upon re-examination until the Appellant reaches the age of 21.

