

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2301767
Decision Date:	5/22/2023	Hearing Date:	05/10/2023
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras for DentaQuest

Interpreter:

Sherri



*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:	Comprehensive Orthodontic Treatment
Decision Date:	5/22/2023	Hearing Date:	05/10/2023
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	
Hearing Location:	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 January 30, 2023, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). The appellant filed this appeal in a timely manner on March 6, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior authorization is a valid basis for appeal (see 130 CMR 610.032).

An initial hearing was scheduled for April 3, 2023, and the appellant's representative appeared by telephone with the assistance of an interpreter. During that hearing, she expressed a desire to appear for an in-person hearing, which was scheduled by the Board of Hearings for May 5, 2023. On that day, the appellant and her representative did not appear in person, but were able to be reached by telephone. The hearing thereby commenced in that manner.

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was within its discretion in determining that the appellant is ineligible for coverage of comprehensive orthodontic treatment.

Summary of Evidence

The appellant, a minor under the age of 21, was represented telephonically at hearing by a parent, who was assisted by an interpreter. The MassHealth representative, a licensed orthodontist, appeared for MassHealth on behalf of DentaQuest, the MassHealth dental contractor. Below is a summary of each party's testimony and the information submitted for hearing:

The appellant's orthodontic provider ("the provider") submitted a prior authorization request for comprehensive orthodontic treatment to DentaQuest on behalf of the appellant on January 26, 2023. This request included the appellant's X-rays, photographs, a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form, and what the provider referred to as a medical necessity narrative.

MassHealth will only provide coverage for comprehensive orthodontic treatment for members who have a "severe, handicapping, or deforming" malocclusion. Such a condition 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 a group of exceptional or handicapping dental conditions. Alternatively, a provider, such as the applicant's primary care physician or pediatrician, can submit a narrative and supporting documentation detailing how the treatment is medically necessary. If the applicant meets any of these qualifications, MassHealth, through DentaQuest, will approve a request for prior authorization for comprehensive orthodontic treatment.

In this case, the appellant's provider submitted an HLD form that did not allege any auto-qualifying conditions and reflected a score of 23, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	-	1	7 ¹
Overbite in mm	-	1	4
Mandibular Protrusion in mm	-	5	0
Open Bite in mm	-	4	0

¹ It appears that the provider only indicated the weighted score and not the raw score in their assessment.

Ectopic Eruption (# of teeth, excluding third molars)	-	3	0
Anterior Crowding ²	Maxilla: - Mandible: -	Flat score of 5 for each ³	5
Labio-Lingual Spread, in mm (anterior spacing)	-	1	3
Posterior Unilateral Crossbite	-	Flat score of 4	4
Posterior impactions or congenitally missing posterior teeth	-	3	0
Total HLD Score			18

Exhibit 4 at 16. The appellant's provider submitted a "medical necessity narrative" in the form of a flow chart that he appears to have created and signed himself. *Id.* at 19

The appellant submitted an additional HLD form from a different provider as part of the hearing record. It is unclear whether this HLD form was submitted as part of the prior authorization request, and the appellant's mother expressed confusion about when and where the second provider was visited. The second provider's HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	5
Overbite in mm	0	1	4
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: Yes Mandible: Yes	Flat score of 5 for each	10
Labio-Lingual Spread, in mm (anterior spacing)	0	1	0
Posterior Unilateral Crossbite	No	Flat score of 4	4
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			23

² The HLD Form instructs the user to record the more serious (i.e., higher score) of either the ectopic eruption **or** the anterior crowding, but not to count both scores.

³ The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

Exhibit 5 at 2.

When DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, its orthodontists did not find any of the conditions that would warrant automatic approval of comprehensive orthodontic treatment and determined that the appellant has an HLD score of 16. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	5 ⁴
Overbite in mm	0	1	5
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: No Mandible: No	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	0	1	2
Posterior Unilateral Crossbite	No	Flat score of 4	4
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			16

Exhibit 4 at 8. The DentaQuest reviewer did not find that the submitted documentation supported the assertion that treatment was medically necessary. *Id.* at Exhibit 3-5. Having found an HLD score below the threshold of 22, no auto-qualifying conditions, and no medical necessity, MassHealth denied the appellant's prior authorization request on January 30, 2023.

At hearing, the MassHealth representative testified that based on careful review of the x-rays and photographs, he found that the appellant's HLD score was, at best, an 18. His assessment reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	7 ⁵
Overbite in mm	0	1	4
Mandibular Protrusion in mm	0	5	0

⁴ It appears that the DentaQuest reviewer only indicated the weighted score and not the raw score in their assessment.

⁵ The MassHealth representative only indicated the weighted score and not the raw score in his assessment.

Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: No Mandible: Yes	Flat score of 5 for each	
Labio-Lingual Spread, in mm (anterior spacing)	0	1	3
Posterior Unilateral Crossbite	No	Flat score of 4	4
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			18

The MassHealth representative explained that he agreed with most of the provider's assessment, except for crowding in the maxillary, or upper, arch. He stated that the anterior crowding is measured from eye tooth to eye tooth, and that he could barely see any crowding of the appellant's top front teeth. Where the HLD form requires 3.5mm of crowding to score points in that area, he was unable to award points in that area. He based his result on his review of the records and his over 30 years of experience in the orthodontic field. As a result, he did not see enough evidence in the prior authorization request to overturn the decision of a denial.

The appellant's mother reported that her daughter's teeth are crowding very much, that she is embarrassed to go to school, and that she is being bullied. She stated that her daughter is not currently receiving any mental health treatment because of that bullying.

Findings of Fact

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

1. The appellant's provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form, photographs, and x-rays. Exhibit 4.
2. The provider calculated an HLD score of 23, did not find an auto-qualifying condition, and submitted what he referred to as a medical necessity narrative that was a flow chart he appears to have created and signed himself. *Id.* at 9-16.
3. On March 14, 2023, MassHealth denied the appellant's prior authorization request. The DentaQuest evaluator found an HLD score of 16 with no exceptional handicapping dental condition. Exhibit 1, Exhibit 4 at 8.
4. The appellant timely appealed the denial to the Board of Hearings. Exhibit 2.

5. At some point, a second HLD score from a different provider was submitted as part of the hearing record. That provider also found a score of 23, albeit in a different manner than the requesting provider. It is unclear as to whether DentaQuest reviewed that evaluation prior to making its denial determination. Exhibit 4.

6. The MassHealth representative found an HLD score of 18 with no exceptional handicapping dental condition. Testimony.

7. The MassHealth representative's score differed from the provider's because he found only a slight amount of maxillary crowding, not the 3.5 mm required to award HLD points. Testimony.

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). 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 within the MassHealth *Dental Manual*. Specifically, 130 CMR 420.431(C)(3) states, in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, only once per member per lifetime for a member 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*.

Those clinical standards for medical necessity are met when (1) the member has one of the “auto-qualifying” conditions described by MassHealth in the HLD Form,⁶ (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. *See generally*, Appendix D of the *Dental Manual*. In such circumstances, MassHealth will approve payment for comprehensive orthodontic treatment. 130 CMR 420.431(C)(3).

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.” Appendix D at D-1. The HLD form allows for the identification of those auto-qualifying conditions and also provides the method for discerning a single score, “based on a series of measurements, which represent the presence, absence, and degree of handicap.” *Id.* MassHealth will authorize treatment for cases with verified auto-qualifiers or verified scores of 22 and above. *Id.* at D-2.

Providers may also establish eligibility for comprehensive orthodontic treatment by submitting a medical necessity narrative from a physician that indicates that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate certain medical or dental conditions. *Id.* at D-3-4. Such a narrative may be submitted “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 an other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion.” *Id.*

While a MassHealth member 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 such, the appellant bears the burden of showing that she has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary. She has failed to do so.

The MassHealth representative’s sworn testimony his assessment of the appellant’s records reflected deviations only indicating a score of 18. He credibly explained why he did not find the

⁶ Auto-qualifying conditions include cleft palate, severe traumatic deviation, severe maxillary or mandibular crowding or spacing, deep impinging overbite, anterior impaction, overjet greater than 9 mm, or reverse overjet greater than 3.5 mm, anterior or posterior crossbite of 3 or more maxillary teeth per arch, 2 or more of at least one congenitally missing tooth per quadrant, and anterior or lateral open bite of 2mm or more or 4 or more teeth per arch. Appendix D at D-2 and D-5.

same HLD score as either provider, neither of whom testified at the hearing, nor did any reviewing orthodontist find an auto-qualifying condition.

Addressing the “medical necessity narrative” submitted by the provider, it can hardly be considered that. It appears that the provider created a boilerplate flow chart to be used in any scenario he wishes to submit such a narrative. See Exhibit 4 at 16. It does not provide any additional information not already accounted for in the HLD form. Further, it is non-specific, is not a narrative, and does not credibly establish any diagnosed condition that distinguishes this appellant from any other member requesting treatment. Finally, it is inconsistent with the provider’s scored HLD, which does not refer to the existence of a deep impinging overbite, nor did any other orthodontist find the existence of that condition. As such, I do not credit the provider’s submission and do not find that the appellant met the standard required within the regulations. MassHealth was thereby within its discretion to deny the appellant’s request for prior authorization for comprehensive orthodontic treatment. This appeal is denied.

If the appellant’s dental condition should worsen or she is able to provide the necessary documentation to demonstrate that the treatment is medically necessary, a new prior authorization request can be filed 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.

Mariah Burns
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA