

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2302769
Decision Date:	5/18/2023	Hearing Date:	05/10/2023
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras for DentaQuest



*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:	5/18/2023	Hearing Date:	05/10/2023
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	[REDACTED]
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 March 14, 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 April 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).

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 comprehensive orthodontic treatment.

Summary of Evidence

The appellant, who is under the age of 21, appeared at hearing by telephone and was assisted by a parent. 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 March 22, 2023. This request included the appellant's X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form.

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 22, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	-	1	5 ¹
Overbite in mm	-	1	4
Mandibular Protrusion in mm	-	5	0
Open Bite in mm	-	4	0
Ectopic Eruption (# of teeth, excluding third molars)	-	3	0
Anterior Crowding ²	Maxilla: - Mandible: -	Flat score of 5 for each ³	10
Labio-Lingual Spread, in mm (anterior spacing)	-	1	3

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

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.

Posterior Unilateral Crossbite	-	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	-	3	0
Total HLD Score			22

Exhibit 5 at 8. The appellant's provider did not submit a medical necessity narrative.

DentaQuest's evaluation of the appellant's prior authorization request was not included as part of the hearing packet. *See, generally* Exhibit 5. It can be presumed that because DentaQuest denied the request that a score of under 22 was generated and neither auto-qualifiers nor medical necessity were found.

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 17. His HLD assessment reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	5 ⁴
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: No Mandible: Yes	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	0	1	3
Posterior Unilateral Crossbite	No	Flat score of 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 maxillar, 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

⁴ The MassHealth representative only indicated the weighted score and not the raw score in his assessment.

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 explained that she noticed that her two canines have been pushing outwards since she had her wisdom teeth extracted. She finds that she bites her cheek on one side, and that at night her lower jaw grinds on the top part of her mouth. She sometimes feels an icy feeling on her two top front teeth. The appellant reported that she is on the autism spectrum and is more sensitive to certain sensations than a neurotypical individual.

The MassHealth representative stated that there was no way to account for the issues that the appellant referenced with the current prior authorization request, but suggested that when the appellant next applies for treatment that she consult an oral surgeon or her pediatrician to establish a medical necessity narrative if one is necessary.

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 5.
2. The provider calculated an HLD score of 22, did not find an auto-qualifying condition, and declined to submit a medical necessity narrative. *Id.* at 9-22.
3. On March 14, 2023, MassHealth denied the appellant's prior authorization request. DentaQuest's evaluation is not a part of the hearing record. Exhibit 1, *see generally* Exhibit 5.
4. The appellant timely appealed the denial to the Board of Hearings. Exhibit 2.
5. The MassHealth representative found an HLD score of 16 with no exceptional handicapping dental condition. Testimony.
6. 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 obtain 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 in 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,⁵ (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.*

⁵ 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.

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.

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 same HLD score as the provider, who did not testify at the hearing. Further, the appellant's provider did not submit a medical necessity narrative, and no reviewing orthodontist found an auto-qualifying condition. 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