

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2302785
<b>Decision Date:</b>	5/16/2023	<b>Hearing Date:</b>	05/10/2023
<b>Hearing Officer:</b>	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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Comprehensive Orthodontic Treatment
<b>Decision Date:</b>	5/16/2023	<b>Hearing Date:</b>	05/10/2023
<b>MassHealth's Rep.:</b>	Dr. David Cabeceiras	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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, a minor under the age of 21, was represented at hearing 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 10, 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 23, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	5	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 <sup>1</sup>	Maxilla: Yes Mandible: Yes	Flat score of 5 for each <sup>2</sup>	10
Labio-Lingual Spread, in mm (anterior spacing)	5	1	5
Posterior Unilateral Crossbite	No	Flat score of 4	0

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<sup>1</sup> 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.

<sup>2</sup> The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

Posterior impactions or congenitally missing posterior teeth	0	3	0
<b>Total HLD Score</b>			<b>23</b>

Exhibit 5 at 18. The appellant's provider did not submit a medical necessity narrative.

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 15. The DentaQuest HLD Form reflects the following scores:

<b>Conditions Observed</b>	<b>Raw Score</b>	<b>Multiplier</b>	<b>Weighted Score</b>
Overjet in mm	0	1	3 <sup>3</sup>
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: No	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
<b>Total HLD Score</b>			<b>15</b>

Exhibit 5 at 6. 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 March 14, 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 HLD assessment reflects the following scores:

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<sup>3</sup> It appears that the DentaQuest reviewer only indicated the weighted score and not the raw score in their assessment.

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	3 <sup>4</sup>
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: Yes	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	0	1	5
Posterior Unilateral Crossbite	No	Flat score of 4	
Posterior impactions or congenitally missing posterior teeth	0	3	0
<b>Total HLD Score</b>			<b>18</b>

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 he could barely see 1 mm of overlap, and the HLD form requires 3.5mm of crowding to score 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, while the MassHealth representative found more points than the initial DentaQuest reviewer, he did not see enough evidence in the prior authorization request to overturn the decision of a denial.

The appellant's mother expressed confusion, because they have gone through several prior authorization requests before, and his HLD score has fluctuated up and down. She also stated that his teeth have been cutting his lips.

## 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 23, did not find an auto-qualifying condition, and declined to submit a medical necessity narrative. *Id.* at 9-22.

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

3. On March 14, 2023, MassHealth denied the appellant's prior authorization request, as DentaQuest found an HLD score of 15 and did not find evidence of any auto-qualifying condition. Exhibit 1, Exhibit 5 at 6.
4. The appellant timely appealed the denial to the Board of Hearings. Exhibit 2.
5. The MassHealth representative found an HLD score of 18 with no exceptional handicapping dental condition. Testimony.
6. The MassHealth representative's score differed from the provider's because he found only 1 mm 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,<sup>5</sup> (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.

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 he has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary. He has failed to do so.

The MassHealth representative’s sworn testimony is that although his review of the appellant’s records result in a higher HLD score than the MassHealth initial reviewer, he is still only able to determine deviations 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

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<sup>5</sup> 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.

request for prior authorization for comprehensive orthodontic treatment. This appeal is denied.

If the appellant's dental condition should worsen or her orthodontist 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.

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Mariah Burns  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA