

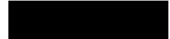
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2303487
Decision Date:	6/2/2023	Hearing Date:	05/31/2023
Hearing Officer:	David Jacobs		

Appearance for Appellant:

 appellant's mother

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:	Prior Authorization - Orthodontics
Decision Date:	6/2/2023	Hearing Date:	05/31/2023
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	
Hearing Location:	Remote		

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 April 3, 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 28, 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 27, 2023. This request included the appellant's X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form (Exhibit 4).

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. If the applicant meets any of these qualifications, MassHealth, through DentaQuest, will approve a request for prior authorization for comprehensive orthodontic treatment. 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.

In this case, the appellant's provider did not submit an HLD score, but indicated that the appellant auto-qualifies for treatment because she has crowding of 10 millimeters (mm) or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth (Exhibit 4).

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 17. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Score
Overjet in mm	4
Overbite in mm	5
Mandibular Protrusion in mm	0
Open Bite in mm	0
Ectopic Eruption (# of teeth, excluding third molars)	0
Anterior Crowding	5
Labio-Lingual Spread, in mm (anterior spacing)	3
Posterior Unilateral Crossbite	0

Posterior impactions or congenitally missing posterior teeth	0
Total HLD Score	17

(Exhibit 4). 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 (Exhibit 4).

At hearing, the MassHealth representative testified that based on careful review of the x-rays and photographs he found an HLD score of 17, and disagreed with the provider's evaluation that the appellant had crowding of 10mm or more, in either the maxillary or mandibular arch. He testified that the photos and x-rays submitted by the appellant's provider show that there is crowding, but it appears to only to be either 6mm or 7mm if he were being generous. However, even 7mm is below the 10mm required by MassHealth.

The appellant's mother appeared in person. She testified that she believes her daughter's teeth are very crowded and need correction. She did not have proper dental care for herself growing up and now deals with persistent problems that she does not want her daughter to have to face. Furthermore, she asked that the 17 points found by MassHealth on the HLD form be considered enough because it is close to the required 22 points.

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.
2. The provider found that the appellant possesses an auto-qualifying condition of crowding of 10 millimeters (mm) or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth, did not calculate a HLD score, and declined to submit a medical necessity narrative.
3. On April 3, 2023, MassHealth denied the appellant's prior authorization request, as DentaQuest found an HLD score of 17 and did not agree that there was evidence of any auto-qualifying condition.
4. The appellant timely appealed the denial to the Board of Hearings.
5. The MassHealth representative testified to finding an HLD score of 17 with no exceptional

handicapping dental condition.

6. The MassHealth representative testified that based on the submitted photos and x-rays that the appellant's crowding is only 7mm at most, which falls below the required 10mm by MassHealth.

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,¹ (2) the member meets or exceeds the threshold score designated by MassHealth on the HLD Form, or (3)

¹ 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.

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 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 is that his review of the appellant’s records results in a HLD score below the required 22 points. He credibly explained that he agreed with MassHealth’s HLD score of 17 points. The appellant’s mother responded by asking for 17 points to be considered enough as it is close to the required 22 points. However, MassHealth only covers medically necessary treatment (130 CMR 420.410(A)(1)), which here is defined by achieving a HLD score of at least 22 points. 130 CMR 450.204(A). Furthermore, the MassHealth representative credibly explained that he did not find the same auto-qualifying condition as the provider because the crowding indicated by the provider does not meet the required 10mm. He testified that at most he could find was 7mm. Although the appellant’s mother compassionately testified about the crowding of her daughter’s teeth and wanting her to experience better dental care than she herself did as child, she did not offer any testimony to counter the MassHealth representative’s findings of below the required 10mm of crowding. Only the appellant’s records were submitted as evidence and the provider orthodontist did not testify at hearing. Further, the appellant’s provider did not submit a medical necessity narrative, nor did they submit a HLD score. 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 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.

David Jacobs
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA