

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2305285
Decision Date:	9/20/2023	Hearing Date:	08/07/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Harold Kaplan



*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:	9/20/2023	Hearing Date:	08/07/2023
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Mother
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1	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 on or about May 22, 2023, 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 June 27, 2023. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's request for 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

The Appellant is a child and was represented at the hearing by her mother. MassHealth was represented by an orthodontic consultant with DentaQuest, the contracted agent of MassHealth that makes the dental prior authorization determinations. On or about May 11, 2023, the Appellant's orthodontic provider submitted a request for prior authorization for orthodontic treatment on behalf of the Appellant. (Exhibit 5, p. 11). As part of this request, the Appellant's orthodontic provider completed an Authorization Form for Comprehensive Orthodontic Treatment and a MassHealth Handicapping Labio-Lingual Deviations (HLD) Form and submitted these, along with photographs and x-rays of the Appellant's mouth. (Exhibit 5, pp. 8-16). The Appellant's orthodontist noted that a medical necessity narrative would not be submitted. (Exhibit 5, p. 10).

The MassHealth representative testified that MassHealth only covers the cost of orthodontic treatment if there is a severe problem (a handicapping malocclusion). He explained that this does not mean that the patient does not need orthodontic treatment or would not benefit by said treatment, it simply means that MassHealth will not cover the costs otherwise. To determine whether there is a handicapping malocclusion, a HLD Form is completed. 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 unless an autoqualifier is present.

The Appellant's orthodontic provider did not use the point system, rather, he found an autoqualifier was present, specifically: Overjet (greater than 9 millimeters (mm)). The MassHealth representative explained that the Appellant does have a substantial overjet. Unfortunately, upon measuring the Appellant's overjet, he calculated 7 millimeters. With respect to meeting the threshold score of 22 points, the MassHealth representative testified that he calculated a score of 13 points. DentaQuest calculated a score of 12 points. (Exhibit 5, p. 17).

The Appellant's representative testified that the Appellant's orthodontist stated that the Appellant's overjet will continue to protrude. The Appellant currently has issues with chewing food and closing her mouth properly. As a result, the Appellant lacks self-confidence, she is teased at school, and she is depressed. However, the Appellant's representative cannot afford the costs associated with orthodontic treatment.

The MassHealth representative testified that he is not in disagreement. Unfortunately, MassHealth will not cover the costs of orthodontic treatment unless there is a severe problem (handicapping malocclusion). The Appellant's representative inquired whether the Appellant's issues with eating would be considered. In response, the MassHealth representative explained that the Appellant would need to get a nutritionist or physician to examine her and document the reasoning. The Appellant's representative explained that the Appellant lost weight over the past year. Further, the Appellant was recently seen by her pediatrician, who is concerned about the weight loss due to

the Appellant's inability to chew food. The Appellant notified her orthodontic provider about her pediatrician's concern, and he explained that braces would assist the Appellant.

Findings of Fact

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

1. The Appellant is a minor and MassHealth recipient. (Exhibit 3).
2. On or about May 11, 2023, the Appellant's orthodontic provider submitted a request for orthodontic treatment on behalf of the Appellant. (Exhibit 5, p. 11).
3. The Appellant's orthodontic provider completed an Authorization Form for Comprehensive Orthodontic Treatment and a HLD Form and submitted these to DentaQuest, along with photographs and x-rays of the Appellant's mouth. (Exhibit 5, pp. 8-16).
4. The Appellant's orthodontic provider did not calculate a score on the HLD Form. (Exhibit 5, p. 9).
5. The Appellant's orthodontic provider found an autoqualifying condition present. (Exhibit 5, p. 9).
6. The autoqualifying condition found by the Appellant's orthodontist (Overjet) must measure as greater than 9 millimeters (mm). (Testimony; Exhibit 5, p. 9).
7. The MassHealth representative measured the Appellant's overjet as 7 millimeters (mm). (Testimony).
7. DentaQuest calculated a score of 12 points. (Exhibit 5, p. 17).
8. The MassHealth representative calculated a score of 13 points. (Testimony).
9. A HLD score of 22 is the minimum score indicative of a handicapping malocclusion. (Testimony).
10. The Appellant is unable to chew and lost weight, as a result. The Appellant was told by her orthodontic provider that her overjet will worsen. (Testimony).
11. The Appellant's orthodontic provider did not submit any documentation indicating that treatment is medically necessary. (Testimony; Exhibit 5, p. 10).

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,¹ 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:

- (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

¹ 130 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>).

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 found an autoqualifying condition present (Overjet – greater than 9 millimeters (mm)). Unfortunately, when the MassHealth representative measured the Appellant's overjet at the hearing, he calculated 7 millimeters (mm). As to medical necessity, the Appellant's orthodontic provider did not submit a medical necessity 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 Appellant's orthodontic provider did not submit an HLD score. The two reviewing dentists, who completed the HLD review, did not calculate a score of 22 points or more that is needed for approval. Unfortunately, there is no evidence to support that the Appellant has a handicapping malocclusion. As a result, this appeal is denied.²

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

² This denial does not preclude the Appellant or the Appellant's dental provider from submitting a new prior authorization (including a medical necessity narrative from the Appellant's pediatrician and supporting documentation) to MassHealth every six months upon re-examination. Given the condition of the Appellant's weight loss and inability to chew food that was discussed at the hearing, the Appellant is encouraged to do so.

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