

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2306655
Decision Date:	11/7/2023	Hearing Date:	09/13/2023
Hearing Officer:	Mariah Burns	Record Open to:	09/29/2023

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:	Prior Authorization; Comprehensive Orthodontic Treatment
Decision Date:	11/7/2023	Hearing Date:	09/13/2023
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 July 9, 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 August 7, 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 correct 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 on behalf of the appellant to DentaQuest on July 7, 2023. This request included the appellant's X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form.

The MassHealth representative testified that 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 "auto-qualifying" 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 submitted an HLD form that did not allege any auto-qualifying conditions and reflected a score of 20, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
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 ¹	Maxilla: Yes Mandible: Yes	Flat score of 5 for each ²	10

¹ 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.

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

Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			20

Exhibit 6 at 9. The provider initially did not include a medical necessity narrative in the appellant's application. *Id.* at 10.

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 20. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	4	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)	3	1	3
Posterior Unilateral Crossbite	No	Flat score of 4	
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			20

Exhibit 6 at 15. 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 1.

At hearing, the MassHealth representative testified that based on careful review of the x-rays and photographs, he agreed with MassHealth's assessment of the appellant's records. He testified that, although the appellant does have some crowding on her upper arch, it is only about 6 or 7 mm, which is not enough to be considered an auto-qualifier. As a result, the MassHealth representative did not see enough evidence in the prior authorization request to overturn the

decision of a denial.

The appellant's father reported that the appellant's bite is having psychological implications. He testified that she is taking medication for anxiety and attention deficit disorder, and a large source of her anxiety is her self-consciousness over her teeth. The record was kept open to allow the appellant time to supplement the application with a medical necessity narrative, which was provided on 9/22/2023. In the letter, the appellant's primary care physician reports the following:

[The appellant] is a patient currently under my medical care. It is medically necessary that she is approved for Comprehensive Orthodontic Treatments. Her Malocclusion is causing her to have gum disease which can cause future periodontal health issues and prevent further issues related to sleep apnea. Please note that this is also affecting her emotional and mental status.

Exhibit 7 at 6. The MassHealth representative reported that this letter did not present him with enough information to overturn the decision of a denial.

Findings of Fact

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

The appellant is a MassHealth member under the age of 21. Exhibit 4.

2. 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 6.
3. The provider calculated an HLD score of 20, did not find an auto-qualifying condition, and declined to submit a medical necessity narrative at the time of the request. *Id.* at 8-14.
4. On July 10, 2023, MassHealth denied the appellant's prior authorization request, as DentaQuest also found an HLD score of 20. Exhibit 1, Exhibit 5 at 15.
5. The appellant timely appealed the denial to the Board of Hearings. Exhibit 2.
6. The MassHealth representative testified to finding an HLD score of 20 with no exceptional handicapping dental condition.
7. Based on testimony provided by the appellant's father at hearing, the record was kept open until September 29, 2023 to afford him time to provide a medical necessity narrative from

the appellant's primary care physician. The narrative submitted states the following:

[The appellant] is a patient currently under my medical care. It is medically necessary that she is approved for Comprehensive Orthodontic Treatments. Her Malocclusion is causing her to have gum disease which can cause future periodontal health issues and prevent further issues related to sleep apnea. Please note that this is also affecting her emotional and mental status.

Exhibit 7 at 6.

8. The MassHealth representative was unable to overturn the denial based on the documentation provided. Exhibit 8.

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,³ (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 that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative that establishes 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. In submitting such a narrative,

If any part of the requesting provider’s justification of medical necessity involves a mental, emotional, or behavioral condition...that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, then the narrative and any attached documentation must

- i. clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g., general dentist, oral surgeon, physician, clinical psychologist, clinical dietitian, speech therapist);
- ii. describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment;
- iii. state the specific diagnosis or other opinion of the patient’s condition furnished by the identified clinician(s);

³ 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.

- iv. document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made);
- v. discuss any treatments for the patient's condition (other than comprehensive orthodontic treatment) considered or attempted by the clinician(s); and
- vi. provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of comprehensive orthodontic treatment.

Id. at D-3.

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. Her submission fails to do so.

In this case, the appellant's provider, the initial MassHealth reviewer, and the MassHealth hearing representative each found of score of 20, which is below the threshold of 22. Further, the provider did not allege, nor did MassHealth find, that the appellant has any of the auto-qualifying conditions to be granted coverage of treatment. Remaining at issue is whether the narrative submitted by the appellant's representative at hearing sufficiently details medical necessity for treatment as set forth in Appendix D of the *Dental Manual* at D-3.

Appendix D makes it clear that, in an instance such as the appellant's where she is seeking a medical necessity exception to the HLD rules for a mental or emotional reason, the documentation submitted must meet all the listed requirements. Here, the letter submitted by the appellant's primary care physician does not detail any specific diagnosis, nor does it discuss any treatments the appellant is receiving for the condition. Although I credit the appellant's representative that she suffers from anxiety and is receiving ongoing treatment for that condition, that diagnosis and treatment are not detailed in the medical necessity narrative as required. Therefore, I agree with the MassHealth representative that the letter submitted does not provide an avenue for MassHealth to approve coverage of treatment. I find that the appellant has not sufficiently demonstrated that she meets the medical necessity requirement that would warrant qualification.

Because the appellant provided evidence of an HLD score under 22, did not establish that she has an auto-qualifying condition, nor did she establish that she meets the medical necessity exception, she demonstrated that she meets the MassHealth criteria for approval of comprehensive orthodontic treatment. MassHealth's denial of the prior authorization request was proper. The appeal is denied.

The appellant is within her rights to submit a new request for prior authorization should her condition change or should she be able to provide medical necessity documentation that comports with the requirements of Appendix D of the *Dental Manual* at D-3.

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