

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2306903
Decision Date:	09/21/2023	Hearing Date:	09/20/2023
Hearing Officer:	David Jacobs		

Appearance for Appellant:




Appearance for MassHealth:

Dr. Carl Perlmutter 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:	09/21/2023	Hearing Date:	09/20/2023
MassHealth's Rep.:	Dr. Carl Perlmutter	Appellant's Rep.:	
Hearing Location:	Quincy		

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 August 1, 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 11, 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, appeared in-person alongside his mother. The MassHealth representative, a licensed orthodontist, appeared in-person 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 July 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 submitted a HLD score of 26 (Exhibit 4). The Provider's HLD Form reflect the following scores:

Conditions Observed	Score
Overjet in mm	3
Overbite in mm	0
Mandibular Protrusion in mm	15
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	0

posterior teeth	
Total HLD Score	26

(Exhibit 4). When DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, its orthodontist determined that the appellant has an HLD score of 16. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Score
Overjet in mm	2
Overbite in mm	1
Mandibular Protrusion in mm	5
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	16

(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 21, primarily because he disagreed with the 15 points the provider found for mandibular protrusion and awarded only 10 points.

The appellant's mother appeared with her son in-person. She testified that her son is autistic and has been bullied at school due to the quality of his teeth. Furthermore, she is concerned about the impact of her son's teeth on his health and their psychosocial consequences on his autism. She included a letter from the appellant's dentist explaining some of the mother's concerns as part of a medical necessity narrative. In part, the letter states that "The mother was concerned about the

negative psychosocial effects as a result of the aforementioned dental problems, especially that he is autistic. Mother stated that he is being bullied due to how his front teeth look” (Exhibit 4, pg. 14). The MassHealth representative did not find this letter sufficient as the submitted letter only explained the mother’s concerns and gave no medical opinion on whether braces were necessary to treat the appellant’s mental health.

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 appellant submitted a letter from his dentist describing the appellant’s mother’s concerns about his mental health and the fact that he is being bullied due to his front teeth.
3. The provider found an HLD score of 26 and no auto-qualifying conditions.
4. On August 1, 2023, MassHealth denied the appellant’s prior authorization request, as DentaQuest found an HLD score of 16, no auto-qualifying conditions, and did not find the submitted medical necessity narrative sufficient.
5. The appellant timely appealed the denial to the Board of Hearings.
6. The MassHealth representative testified to finding an HLD score of 21 due to finding 5 points less for mandibular protrusion, and also did not find the medical necessity narrative sufficient.
7. The MassHealth representative explained that the medical necessity narrative must be supported by a doctor’s letter that states that braces are necessary for the treatment of the appellant’s mental health.
8. The appellant’s mother testified that her son’s teeth are negatively affecting his mental health and he is bullied at school.

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) 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

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.

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 his review of the appellant's records results in a HLD score below the required 22 points. He credibly explained that he found 5mm less than the provider did for mandibular protrusion. The appellant's mother testified that she concerned for the impact of the appellant's teeth on her son's mental health due to his autism and bullying. She submitted a medical necessity narrative to support her concerns. The MassHealth representative rejected the narrative due to not being supported by a doctor and I agree. The HLD form included a medical necessity section that explains the requirements for a medical necessity narrative (Exhibit 4, pg. 10). The HLD form provides that a "provider may submit a medical necessity narrative in any case where, in the **professional judgment of the requesting provider and other involved clinicians**, comprehensive orthodontic treatment is medically necessary for (in this case) a diagnosed mental, emotional, or behavioral condition caused by the patient's malocclusion" (Exhibit 4, pg. 10). The submitted letter in this case is from the appellant's dentist but does not include their professional judgment about the necessity of braces to assist the appellant's condition. The letter only describes the mother's personal concerns. Therefore, it is found to be insufficient. Only the appellant's records were submitted as evidence and the provider orthodontist did not testify at hearing. 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