Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2310085
Decision Date:	11/27/2023	**Hearing Date:**	11/20/2023
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
[redacted]

Appearance for MassHealth:
Dr. Harold Kaplan 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:	11/27/2023	**Hearing Date:**	11/20/2023
MassHealth's Rep.:	Dr. Harold Kaplan	**Appellant's Rep.:**	[redacted]
Hearing Location:	Quincy Harbor South 4	**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 October 2, 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 October 20, 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 acting within its discretion in determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

The appellant, a young adult under the age of 21, was present at hearing with 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 September 27, 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 22, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	5[1]
Overbite in mm	0	1	6
Mandibular Protrusion in mm	0	5	5
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding[2]	Maxilla: - Mandible: -	Flat score of 5 for each[3]	0

[1] The provider only indicated the weighted score, not the raw score.
[2] 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.
[3] 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)		1	6
Posterior Unilateral Crossbite	-	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			**22**

Exhibit 5 at 13. 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 16. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	4[4]
Overbite in mm	0	1	5
Mandibular Protrusion in mm	0	5	
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	0
Labio-Lingual Spread, in mm (anterior spacing)	0	1	7
Posterior Unilateral Crossbite	No	Flat score of 4	
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			**16**

Exhibit 5 at 8. 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 October 2, 2023.

At hearing, the MassHealth representative was able to conduct his own examination of the appellant's mouth. He testified that, based on his own observations, he found a score of 16. The MassHealth representative explained to calculate mandibular protrusion, an orthodontist looks at

[4] It appears that the DentaQuest reviewer only indicated the weighted score and not the raw score in their assessment.

the matchup of the upper and lower molars. Upon the MassHealth's representative's examination, he did not find any evidence of mandibular protrusion and reported that the appellant's bite has no issues. As a result, he did not see enough evidence to overturn MassHealth's decision of a denial.

Findings of Fact

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

1. 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 5.

2. The provider calculated an HLD score of 22, did not find an auto-qualifying condition, and declined to submit a medical necessity narrative. *Id.* at 8-15. As part of the HLD form, the provider found that the appellant has at least one millimeter of mandibular protrusion. *Id.* at 9.

3. On October 2, 2023, MassHealth denied the appellant's prior authorization request, as DentaQuest found an HLD score of 16 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 16 with no exceptional handicapping dental condition. Testimony.

6. The MassHealth representative's score differed from the provider's because, upon his own examination of the appellant's mouth, he did not agree that the appellant's bite has any evidence of mandibular protrusion. 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 within 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,[5] (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.

[5] 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.

Specifically relevant to this appeal, Appendix D of the *Dental Manual* provides Scoring Instructions on how to properly calculate each measurement included on the HLD form. *Id*. at D-5 to D-6. With respect to mandibular protrusion, the instructions state as follows:

> Score exactly as measured from the buccal groove of the first mandibular molar to the MB cusp of the first maxillary molar. The measurement in millimeters is entered on the form and multiplied by 5.

Id. at D-6. 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. Such a narrative may be submitted "in cases where the patient does not have an autoqualifying condition or meet the threshold score on the HLD, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion." *Id*.

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 he agrees with the total score calculated by the MassHealth reviewer. He credibly explained why he did not find the same HLD score as the appellant's 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 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, provided she has not yet reached the age of 21.

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