

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2401331
Decision Date:	4/24/2024	Hearing Date:	02/21/2024
Hearing Officer:	Emily Sabo		

Appearances for Appellant:
Pro se & Mother

Appearance for MassHealth:
Dr. David Cabeceiras, 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:	Approved	Issue:	Prior Authorization; Orthodontic Services
Decision Date:	04/24/2024	Hearing Date:	02/21/2024
MassHealth's Rep.:	Dr. David Cabeceiras, DentaQuest	Appellant's Rep.:	Pro se & Mother
Hearing Location:	Quincy Harbor South 2	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 January 10, 2024, MassHealth denied the Appellant's request for prior authorization for orthodontic treatment (see 130 CMR 420.431 and Exhibit 1). The Appellant filed this appeal in a timely manner on January 26, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's request for coverage of 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 minor and she and her mother both appeared at the hearing. The Appellant's mother verified the Appellant's identity. On January 8, 2024, the Appellant's orthodontist submitted a request for prior authorization for orthodontic treatment on behalf of the Appellant. As part of this request, the Appellant's orthodontist completed an Orthodontics Prior Authorization form 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. The Appellant's orthodontist's request for treatment included a medical necessity narrative from the Appellant's clinician and psychiatrist. *Id.* at 10, 13-14. The Appellant's orthodontist indicated that the Appellant had an auto qualifying condition of "spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth." Exhibit 5 at 9. The Appellant's orthodontist additionally calculated an HLD score of 29, based on 4 mm for overjet, 5 mm for overbite, 10 mm for mandibular protrusion, and 10 mm for Labio-Lingual Spread. *Id.*

At the hearing, MassHealth was represented by an orthodontist consultant with DentaQuest, the contracted agent of MassHealth that makes dental prior authorization determinations. The MassHealth representative testified that MassHealth only covers the cost of orthodontic treatment if there is a severe problem (a handicapping malocclusion). To determine whether there is a handicapping malocclusion, an HLD form is completed by both the orthodontic provider and MassHealth. The HLD form lists 13 auto qualifiers and 9 characteristics with corresponding numerical values. The MassHealth representative testified that for MassHealth to authorize payment for orthodontic treatment, MassHealth would need to find that an individual has an HLD score of at least 22 points or an auto qualifying condition.

Prior to the hearing, DentaQuest calculated that the Appellant had an HLD score of 13 and no auto qualifying conditions. *Id.* at 18. At the hearing, the MassHealth representative examined the Appellant's teeth and testified that he calculated an HLD score of 17 points, based on 5 points for overbite, 3 points for overjet, 9 points for Labio-Lingual spread. The MassHealth representative testified that he found no auto qualifying conditions and that he would uphold the denial for treatment because it is not a handicapping malocclusion.

Findings of Fact

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

1. The Appellant's orthodontic provider submitted a request for orthodontic treatment on behalf of the Appellant (Testimony; Exhibit 5).
2. The Appellant's orthodontic provider completed an Orthodontic Prior Authorization form and

an HLD form and submitted these to DentaQuest, along with photographs and x-rays of the Appellant's mouth (Exhibit 5).

3. The Appellant's orthodontic provider indicated that the Appellant had an auto qualifying condition of "spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth" (Exhibit 5 at 9).
4. The Appellant's orthodontic provider calculated an HLD score of 29, based on 4 mm for overjet, 5 mm for overbite, 10 mm for mandibular protrusion, and 10 mm for Labio-Lingual Spread (Exhibit 5 at 9).
5. The Appellant's orthodontic provider's request for treatment included a medical necessity narrative from the Appellant's clinician and psychiatrist (Exhibit 5 at 10, 13-14).
6. DentaQuest calculated an HLD score of 13 points and no auto qualifying conditions (Exhibit 5 at 18).
5. Based on his examination of the Appellant, the MassHealth representative calculated an HLD score of 17, based on 5 points for overbite, 3 points for overjet, 9 points for Labio-Lingual spread, and no auto qualifying conditions (Testimony).
6. Based on my examination of the Appellant's and MassHealth's records, specifically the Appellant's intraoral right, intraoral anterior, and intraoral left, I find 5 spaces between her teeth on her maxillary arch, ranging between 2 and 3 mm, totaling spacing of 10 mm or more (Exhibit 5 at 15).

Analysis and Conclusions of Law

As a rule, MassHealth 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 420.410; 130 CMR 450.204. In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq, covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 420.421 through 130 CMR 420.456.

The MassHealth regulations at 130 CMR 420.421(A) state:

(A) Medically Necessary Services. The MassHealth agency pays for the following dental services when medically necessary:

- (1) the services with codes listed in Subchapter 6 of the *Dental Manual*, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456;

and

(2) all services for EPSDT-eligible members, in accordance with 130 CMR 450.140 through 450.149, without regard for the service limitations described in 130 CMR 420.422 through 420.456, or the listing of a code in Subchapter 6. All such services are available to EPSDT-eligible members, with prior authorization, even if the limitation specifically applies to other members younger than 21 years old.

130 CMR 420.421(A).

The MassHealth regulations at 130 CMR 420.431 provide service descriptions and limitations for orthodontic services. As relevant to comprehensive orthodontic requests, the regulation provides:

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. The provider must seek prior authorization for orthodontic treatment and begin initial placement and insertion of orthodontic appliances and partial banding or full banding and brackets prior to the member's 21st birthday.

(B) Definitions.

(1) Pre-orthodontic Treatment Examination. Includes the periodic observation of the member's dentition at intervals established by the orthodontist to determine when orthodontic treatment should begin.

(2) Interceptive Orthodontic Treatment. Includes treatment of the primary and transitional dentition to prevent or minimize the development of a handicapping malocclusion and therefore, minimize or preclude the need for comprehensive orthodontic treatment.

(3) Comprehensive Orthodontic Treatment. Includes a coordinated diagnosis and treatment leading to the improvement of a member's craniofacial dysfunction and/or dentofacial deformity which may include anatomical and/or functional relationship. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances. Comprehensive orthodontics may incorporate treatment phases, including adjunctive procedures to facilitate care focusing on specific objectives at various stages of dentofacial development.

(4) Orthodontic Treatment Visits. Periodic visits which may include, but are not limited to, updating wiring, tightening ligatures or otherwise evaluating and updating care while undergoing comprehensive orthodontic treatment.

(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 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*. Upon the completion of orthodontic treatment, the provider must take post treatment photographic prints and maintain them in the member's dental record. The MassHealth agency pays for the office visit, radiographs and a record fee of the pre-orthodontic treatment examination (alternative billing to a contract fee) when the MassHealth agency denies a request for prior authorization for comprehensive orthodontic treatment or when the member terminates the planned treatment. The payment for a pre-orthodontic treatment consultation as a separate procedure does not include models or photographic prints. The MassHealth agency may request additional consultation for any orthodontic procedure. Payment for comprehensive orthodontic treatment is inclusive of initial placement, and insertion of the orthodontic fixed and removable appliances (for example: rapid palatal expansion (RPE) or head gear), and records. Comprehensive orthodontic treatment may occur in phases, with the anticipation that full banding must occur during the treatment period. The payment for comprehensive orthodontic treatment covers a maximum period of three calendar years. The MassHealth agency pays for orthodontic treatment as long as the member remains eligible for MassHealth, if initial placement and insertion of fixed or removable orthodontic appliances begins before the member reaches 21 years of age. Comprehensive orthodontic care should commence when the first premolars and first permanent molars have erupted. It should only include the transitional dentition in cases with craniofacial anomalies such as cleft lip or cleft palate. Comprehensive treatment may commence with second deciduous molars present. Subject to prior authorization, the MassHealth agency will pay for more than one comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies to the extent treatment cannot be completed within three years.

130 CMR 420.431(A); (B); (C)(3).

Appendix D of the Dental Manual contains the authorization form for comprehensive orthodontic treatment.¹ As indicated by the paper record, 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 Appendix D of the Dental Manual is available at <https://www.mass.gov/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download>.

1. the member has an auto qualifying condition as described by MassHealth in the HLD index;²
2. the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD index;³ 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.⁴ Usually this involves a severe medical condition that can include atypical or underlying health concerns, which may be either dental or non-dental.

Specifically, page D-5 of Appendix D of the Dental Manual states: “Crowding or spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth. Does not include extracted, congenitally missing, or supernumerary teeth. Indicate an “X” on the form. *(This is considered an autoqualifying condition.)*.”

Here, the Appellant’s orthodontist found that the Appellant had an auto qualifying condition of spacing of 10 mm or more. Exhibit 5 at 9. At the hearing, the MassHealth representative found that the Appellant had 9 mm of Labio-Lingual Spread, indicating anterior spacing in mm. As stated above, based on my review of the record, specifically the photographs of the Appellant's intraoral right, intraoral anterior, and intraoral left, I find that the Appellant has 5 spaces between her teeth on her maxillary arch and each space ranges between 2 and 3 mm, totaling spacing of 10 mm or more. Exhibit 5 at 15. Therefore, I find that the Appellant has an auto qualifying condition and should be approved for comprehensive orthodontic treatment. 130 CMR 420.431; *see also Subchapter 6 of the Dental Manual*. Accordingly, the Appellant’s appeal is approved.

Order for MassHealth

Based on an auto qualifying condition of spacing of 10 mm or more, approve the Appellant for comprehensive orthodontic treatment.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

² Found on page D-5 of Appendix D of the Dental Manual.

³ Found on page D-6 of Appendix D of the Dental Manual.

⁴ Found on page D-3 of Appendix D of the Dental Manual.

Emily Sabo
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA