

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401958
Decision Date:	03/14/2024	Hearing Date:	3/13/2024
Hearing Officer:	David Jacobs		

Appearance for Appellant:



Appearance for MassHealth:

Carl Perlmutter, 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:	03/14/2024	Hearing Date:	05/31/2023
MassHealth's Rep.:	Dr. Carl Perlmutter	Appellant's Rep.:	
Hearing Location:	Quincy MEC		

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 December 12, 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 February 8, 2024 (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, 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 to DentaQuest on behalf of the appellant on October 10, 2023. This request included the appellant's X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form (Exhibit 5).

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 24, and also indicated on the HLD form that the appellant auto-qualifies for treatment because she has crowding of 10mm or more in either the maxillary or mandibular arch (Exhibit 5).

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	Score
Overjet in mm	3
Overbite in mm	5
Mandibular Protrusion in mm	0
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
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(Exhibit 5). 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 found that the appellant's HLD did not reach the required 22 points. He also disagreed with the provider's evaluation that the appellant had crowding of 10mm or more in either the maxillary or mandibular arch. He testified that the photos and x-rays submitted by the appellant's provider show crowding of less than 10mm as MassHealth requires.

The appellant's mother appeared in-person. She testified that her daughter's teeth cause her to bite the interior of her cheek resulting in bleeding. She further testified, and included in a letter, that the appellant had previously been approved for comprehensive orthodontic treatment years ago, but due to difficulty finding a provider, she had let the prior authorization expire in late 2023 (Exhibit 4). She testified that she was confused why the appellant was approved then and is being denied now.

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 provider found that the appellant possesses an auto-qualifying condition of crowding of 10 mm or more in either the maxillary or mandibular arch, found an HLD score of 24, and declined to submit a medical necessity narrative.
3. On December 12, 2023, MassHealth denied the appellant's prior authorization request, as DentaQuest found an HLD score of 16 and did not agree that there was evidence of any auto-qualifying condition.
4. The appellant timely appealed the denial to the Board of Hearings.
5. The MassHealth representative testified to finding an HLD score of below 22 with no exceptional handicapping dental condition.
6. The MassHealth representative testified that based on the submitted photos and x-rays there was not at least 10mm of crowding.

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).

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.

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 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 she has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary. She 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. Furthermore, he credibly explained why he did not find the same auto-qualifying condition as the provider as the appellant has less than 10 mm of crowding. Although the appellant’s mother testified that the appellant cuts the inside of her cheek when she bites, only the appellant’s records were submitted as evidence and the provider orthodontist did not testify at the hearing. Further, the appellant’s provider did not submit a medical necessity narrative. MassHealth was thereby within its discretion to deny the appellant’s request for prior authorization for comprehensive orthodontic treatment. Lastly, although the appellant’s mother testified that her daughter was previously approved, that prior authorization is not relevant these proceedings. The consulting orthodontist found, and the hearing office agrees, that as of this hearing the appellant does not have a handicapping malocclusion.

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