

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403277
Decision Date:	4/22/2024	Hearing Date:	04/08/2024
Hearing Officer:	Casey Groff		

Appearance for Appellant:




Appearance for MassHealth:

Katherine Moynihan, DMD, 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:	Orthodontic Services
Decision Date:	4/22/2024	Hearing Date:	04/08/2024
MassHealth's Rep.:	Katherine Moynihan, DMD	Appellant's Rep.:	
Hearing Location:	Charlestown MassHealth Enrollment Center	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 29, 2024, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment. See Exhibit 1. The appellant filed this appeal in a timely manner on March 4, 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 acted within its discretion in determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

The appellant, a minor and MassHealth member, was present at hearing with her grandparents. MassHealth was represented by a board-certified and licensed orthodontist and dental consultant for DentaQuest. DentaQuest is the agency that manages and administers MassHealth's dental program. 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 January 25, 2024. 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 31, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	3 ¹
Overbite in mm	0	1	7
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	10

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	0
Posterior Unilateral Crossbite	-	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	6
Total HLD Score			31

Exhibit 5 at 11. The appellant's provider did not submit a medical necessity narrative. *Id.* at 12.

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 9. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	2 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: Yes	Flat score of 5 for each	
Labio-Lingual Spread, in mm (anterior spacing)	0	1	2
Posterior Unilateral Crossbite	No	Flat score of 4	
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			9

Exhibit 5 at 7. 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 January 29, 2024.

At hearing, the MassHealth representative conducted in-person oral examination of Appellant. Based on her examination, she testified that she found 2mm of overbite, 2mm of overjet, and agreed with the appellant's provider that the appellant has two points of posterior impaction. However, she disagreed with the provider's assertion that the appellant has more than 3.5mm of crowding in each of her arches. As a result, the MassHealth representative affirmed the denial.

⁴ The DentaQuest reviewer only indicated the weighted score and not the raw score in their assessment.

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 [REDACTED]. (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).
3. The provider calculated an HLD score of 31, did not find an auto-qualifying condition, and declined to submit a medical necessity narrative. *Id.* at 8-13. As part of the HLD form, the provider found that the appellant has at least 3.5mm of anterior crowding on both the maxillary and mandibular arches. (Exhibit 5 at 11).
4. On January 29, 2024, MassHealth denied the appellant's prior authorization request, as DentaQuest found an HLD score of 9 and did not find evidence of any auto-qualifying condition. (Exhibit 1, Exhibit 5 at 7).
5. The appellant timely appealed the denial to the Board of Hearings. (Exhibit 2).
6. The MassHealth representative found an HLD score of 10 with no exceptional handicapping dental condition. (Testimony).
7. The MassHealth representative's score differed from the provider's because, upon her own examination of the appellant's mouth, she did not agree that the appellant's bite shows more than 3.5mm of anterior crowding on either the maxillary or mandibular arch. (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.

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 anterior crowding, the instructions state as follows:

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.

Arch length insufficiency must exceed 3.5mm. Score only fully erupted incisors and canines. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter 5 points for maxillary and mandibular anterior crowding. If condition no. 5, ectopic eruption, is also present in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.

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. See 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. In consideration of the evidence in the record, Appellant has not met her burden.

The MassHealth representative conducted a second review of the PA request documents and an in-person examination of Appellant at hearing. Based on her review and examination, the MassHealth representative did not agree with the provider’s finding that either of the arches showed at least 3.5mm of anterior crowding. At hearing, she credibly explained why she 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. Based on the foregoing, 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 ■.

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.

Casey Groff
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA