

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2403517
Decision Date:	5/28/2024	Hearing Date:	05/13/2024
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Katherine Moynihan 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:	Approved	Issue:	Prior Authorization; Comprehensive Orthodontic Treatment
Decision Date:	5/28/2024	Hearing Date:	05/13/2024
MassHealth's Rep.:	Dr. Katherine Moynihan	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South	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 February 28, 2024, 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 March 7, 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 young adult under the age of 21, was present at hearing with his mother. 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 February 23, 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 22, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	5 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	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	5
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 10. The appellant's provider did not submit a medical necessity narrative. *Id.* at 11. However, the Prior Authorization form submitted by the appellant indicates that he has been diagnosed with mandibular retrognathia and sleep apnea, and his treatment plan involves surgical correction. *Id.* at 13.

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	5 ⁴
Overbite in mm	0	1	6
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	4
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			17

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 February 28, 2024.

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

At hearing, the MassHealth representative was able to conduct her own examination of the appellant's mouth. She testified that, based on her own observations, she found 6mm of overbite, 6mm of overjet, and agreed with the MassHealth evaluation that he has 2mm of labio-lingual spread and a posterior unilateral crossbite resulting in 4 points. She reported that she disagrees with the appellant's provider orthodontist that the appellant has mandibular protrusion, in which the jaw would be sticking out, and instead agrees with the diagnosis that he has mandibular retrognathia, which is when the jaw is pushed back. The MassHealth representative stated that, in her professional opinion, based on her treatment of thousands of patients over the course of her career, that mandibular retrognathia can be considered a craniofacial anomaly within the meaning of the MassHealth regulations, and thus can be considered an auto-qualifying condition. She also reported that, during her studies, she conducted research on pediatric sleep apnea, and explained that braces are a necessary precursor for any mandibular surgery aimed at correcting sleep apnea in children.

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.
3. 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 9-16. As part of the HLD form, the provider found that the appellant has mandibular protrusion, which means that his jaw sticks out in an atypical manner. *Id.* at 10.
4. On February 28, 2024, MassHealth denied the appellant's prior authorization request, as DentaQuest found an HLD score of 17 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 conducted an examination of the appellant and determined that he has mandibular retrognathia, which she believes to be a craniofacial anomaly. 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).

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.

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, as well as how to determine what is an autoqualifying condition. *Id.* at D-5 to D-6. Appendix D specifically states that “cleft lip, cleft palate, or other craniofacial anomalies” are considered autoqualifying conditions, but give no additional specific definition. *Id.*

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. I find that he has met that burden.

The MassHealth representative’s sworn testimony is that, based on her examination, and her training and experience, she believes that the appellant has a condition which autoqualifies him for coverage of comprehensive orthodontic treatment. As I fully credit that testimony, I find that MassHealth erred in issuing the February 28, 2024, notice denying the appellant’s prior authorization request for comprehensive orthodontic treatment.

For the foregoing reasons, the appeal is hereby APPROVED.

Order for MassHealth

Approve the appellant’s prior authorization request for coverage of 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.

Mariah Burns
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 2, MA