

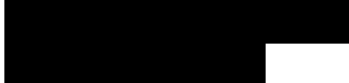
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2404652
<b>Decision Date:</b>	6/13/2024	<b>Hearing Date:</b>	5/6/2024
<b>Hearing Officer:</b>	Cynthia Kopka		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Katherine Moynihan



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior authorization - orthodontics
<b>Decision Date:</b>	6/13/2024	<b>Hearing Date:</b>	5/6/2024
<b>MassHealth's Rep.:</b>	Dr. Moynihan	<b>Appellant's Rep.:</b>	Parent
<b>Hearing Location:</b>	Charlestown	<b>Aid Pending:</b>	No

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

By notice dated March 5, 2024, MassHealth denied Appellant's prior authorization request for dental procedure code D8670, periodic orthodontic treatment visits (continuation of care). Exhibit 1. Appellant filed this appeal in a timely manner on March 21, 2024. Exhibit 2. 130 CMR 610.015(B). Challenging the denial of a request for assistance is a valid basis for appeal. 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for continuation of care, dental procedure code D8670, periodic orthodontic treatment visits.

## Issue

The appeal issue is whether MassHealth was correct in denying the request for continuation of care.

## Summary of Evidence

Appellant, a minor under the age of [REDACTED] was represented at hearing by a parent. The MassHealth representative, a licensed orthodontist, appeared for MassHealth on behalf of DentaQuest. DentaQuest is the third-party contractor that administers and manages the dental program available to MassHealth members. Below is a summary of each party's testimony and the information submitted for hearing.

MassHealth will only provide coverage for comprehensive orthodontic treatment for members who have a "severe and handicapping" malocclusion as provided by regulation. A severe and handicapping malocclusion 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 one of a group of exceptional or handicapping dental conditions.<sup>1</sup> If such a handicapping condition exists, as explained in both the MassHealth Dental Manual and the HLD Forms within Exhibit 4, this creates an alternative and independent basis for approval of the prior authorization request for comprehensive orthodontics, regardless of the actual HLD score. Alternatively, a provider can submit a narrative and supporting documentation detailing how comprehensive orthodontic treatment is medically necessary.

On March 4, 2024, Appellant's orthodontic provider, [REDACTED] of [REDACTED] submitted a request for continuation of care of comprehensive orthodontic treatment on behalf of Appellant. [REDACTED] submitted a continuation of care form which states that Appellant had self-paid for braces at another office. Exhibit 4 at 13. [REDACTED] also provided a narrative addressed to MassHealth dated February 29, 2024 which states:

Your insured [Appellant] is a [REDACTED] year old patient. Patient started her orthodontic treatment at another office and wants to continue her treatment at our office. Patient has class I malocclusion with upper and lower spacing. Patient will need 12 more months treatment time to finish her treatment.

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<sup>1</sup> Per Exhibit 4, MassHealth will approve a prior authorization request for comprehensive orthodontics, regardless of whether the HLD score is 22 or more, if there is evidence of any one of the following exceptional or handicapping conditions: (1) cleft lip, cleft palate, or other cranio-facial anomaly; (2) impinging overbite with evidence of occlusal contact into the opposing soft tissue; (3) impactions where eruption is impeded but extraction is not indicated (excluding third molars), (4) severe traumatic deviations – this refers to accidents affecting the face and jaw rather than congenital deformity. Do not include traumatic occlusions or crossbites; (5) overjet greater than 9 millimeters (mm); (6) reverse overjet greater than 3.5 mm; (7) crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars). Includes the normal complement of teeth; (8) spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars). Includes the normal complement of teeth; (9) anterior crossbite of 3 or more maxillary teeth per arch; (10) posterior crossbite of 3 or more maxillary teeth per arch; (11) two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; (12) lateral open bite: 2 mm or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm or more, of 4 or more teeth per arch.

*Id.* at 8. [REDACTED] also completed an Orthodontics Prior Authorization Form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) Form and submitted these documents with supporting photographs and x-rays to DentaQuest. *Id.* at 9-17.

On March 5, 2024, MassHealth denied Appellant's request for dental code D8670, writing that "comprehensive orthodontic treatment was previously denied because submitted documentation did not support presence of an autoqualifying condition or a score greater than or equal to 22 on the HLD index, therefore Continuation of Care is denied." *Id.* at 4.

Appellant's parent testified that Appellant was initially treated by an orthodontist in [REDACTED] MassHealth denied a request submitted by the [REDACTED] orthodontist because certain documents had not been submitted. Appellant never received the denial letter because she moved addresses around this time. Appellant went back to the office to ask the [REDACTED] orthodontist to resubmit the request. Appellant's parent was told that she could start paying for the treatment now and that once MassHealth approved it, Appellant's parent would be reimbursed. Appellant's parent was told that Appellant needed the treatment. Appellant's parent told the [REDACTED] orthodontist that she could not afford the treatment without MassHealth. The [REDACTED] orthodontist told Appellant's parent that they would contact MassHealth for Appellant, but Appellant's parent never heard back. Appellant received one appointment from the [REDACTED] orthodontist after Appellant was banded. The [REDACTED] orthodontist took money from Appellant's parent's account and she had to call the bank to stop payment.

After this, Appellant's parent took Appellant to [REDACTED] who offered to send a letter to MassHealth on Appellant's behalf. At this time, Appellant's parent was told she could appeal. Appellant's parent did not identify any other medical condition that would otherwise justify the medical necessity of orthodontic care.

The MassHealth representative offered sympathy to Appellant and her parent, testifying that the [REDACTED] orthodontist was incorrect in charging for Appellant's treatment without clearly informing them that the treatment was not approved by MassHealth and the cost would be out-of-pocket. The MassHealth representative found the original prior authorization request sent by the [REDACTED] orthodontist, which was denied because Appellant did not meet the HLD criteria. Appellant's parent testified that when she called MassHealth, she was told it was too late to appeal the initial denial.

As MassHealth had not previously approved Appellant's request for comprehensive orthodontic treatment prior to Appellant being banded, both [REDACTED] and MassHealth evaluated Appellant's HLD score at the time of the request for continuation of care. [REDACTED] submitted documents indicating an HLD score of 10 for Appellant with no automatically qualifying condition and no medical necessity narrative. *Id.* at 10-12. At hearing, the MassHealth representative testified that based on her examination, she found 11 points and no exceptional condition.

The MassHealth representative recommended that Appellant submit a grievance against the [REDACTED] orthodontist for possible fraudulent treatment. A grievance or complaint can be filed with DentaQuest by calling 1-833-479-0687, or by using the “MassHealth Member Dental Complaint Form,” available at:

<https://www.masshealth-dental.net/MassHealth/media/Docs/Member-Complaint-Form.pdf> (last visited June 6, 2024).

## Findings of Fact

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

1. On March 4, 2024, [REDACTED] submitted a request for continuation of care of comprehensive orthodontic treatment on behalf of Appellant. [REDACTED] submitted a continuation of care form which states that Appellant had self-paid for braces at another office. Exhibit 4 at 13.
2. [REDACTED] provided a narrative addressed to MassHealth dated February 29, 2024 which states

Your insured [Appellant] is a [REDACTED] year old patient. Patient started her orthodontic treatment at another office and wants to continue her treatment at our office. Patient has class I malocclusion with upper and lower spacing. Patient will need 12 more months treatment time to finish her treatment.

3. [REDACTED] also completed an Orthodontics Prior Authorization Form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) Form and submitted these documents with supporting photographs and x-rays to DentaQuest. The submitted documents indicated an HLD score of 10 for Appellant with no automatically qualifying condition. [REDACTED] declined to submit a medical necessity narrative *Id.* at 9-17
4. On March 5, 2024, MassHealth denied Appellant’s request for dental code D8670, writing that “comprehensive orthodontic treatment was previously denied because submitted documentation did not support presence of an autoqualifying condition or a score greater than or equal to 22 on the HLD index, therefore Continuation of Care is denied.” *Id.* at 4
5. Appellant timely appealed the denial to the Board of Hearings on March 21, 2024. Exhibit 2.
6. The MassHealth representative found an HLD score of 11 with no exceptional handicapping dental condition.

## Analysis and Conclusions of Law

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.<sup>2</sup> Specifically, 130 CMR 420.431(E)(1) states, in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age █ per lifetime and only when the member has a severe and handicapping malocclusion. The MassHealth agency determines whether a malocclusion is severe and handicapping based on the clinical standards described in Appendix D of the *Dental Manual*.

Per Appendix D of the MassHealth *Dental Manual*. MassHealth approves prior-authorization requests for comprehensive orthodontic treatment when

- (1) the member has one of the “autoqualifying” conditions described by MassHealth in the Handicapping Labio-Lingual Deviations (HLD) Form;
- (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.

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. The HLD allows for the identification of certain autoqualifying conditions and provides a single score, based on a series of measurements, which represent the presence, absence, and degree of handicap. MassHealth will authorize treatment for cases with verified autoqualifiers or verified scores of 22 and above. Appendix D of the Dental Manual also includes the instructions for submitting a medical necessity narrative, which provides an alternative route for approval.

Appellant appeals MassHealth’s denial of dental code D8670 periodic orthodontic treatment visits (continuation of care). The MassHealth Dental Program Office Reference Manual (ORM) contains information for providers in submitting claims to MassHealth. 130 CMR 420.410(C). According to the ORM at page 103, D8670 is not approved without first MassHealth being billed for D8080, comprehensive orthodontic treatment of the adolescent dentition. Here, there is no prior approval for D8080 on Appellant’s behalf. Moreover, the evidence in the record demonstrates that a previous denial of D8080 was not incorrect, as Appellant does not have a verified score of 22 points. Accordingly, this appeal is denied.

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<sup>2</sup> The Dental Manual is available in MassHealth’s Provider Library, on its website.

Appellant is encouraged to seek recourse against the [REDACTED] orthodontist by filing a grievance or reporting the provider to the Board of Registration in Dentistry.

## **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.

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Cynthia Kopka  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 2, MA