

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407977
Decision Date:	08/27/2024	Hearing Date:	07/15/2024
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Harold Kaplan 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:	Denied	Issue:	Prior Authorization - Comprehensive Orthodontic Treatment
Decision Date:	08/27/2024	Hearing Date:	07/15/2024
MassHealth's Rep.:	Dr. Harold Kaplan	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 April 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 May 16, 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 correct in determining that the appellant is ineligible for coverage of comprehensive orthodontic treatment.

Summary of Evidence

The appellant, a minor under the age of 21, was represented at the hearing by a parent. The MassHealth representative, a licensed orthodontist, appeared for MassHealth on behalf of DentaQuest, the MassHealth dental contractor. All parties appeared in person. 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 on behalf of the appellant to DentaQuest on April 18, 2024. This request included the appellant's X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form.

The MassHealth representative testified that MassHealth will only provide coverage for comprehensive orthodontic treatment once per lifetime 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 "auto-qualifying" 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 an HLD form that did not allege any auto-qualifying conditions and reflected a score of 16, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	3 ¹
Overbite in mm	0	1	5
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	1	3	0
Anterior Crowding ²	Maxilla: No Mandible: Yes	Flat score of 5 for each ³	5

¹ The provider submitted only the weighted score, not the raw score for Overjet and Overbite.

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)	0	1	3
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			16

Exhibit 5 at 11. The provider did not include a medical necessity narrative in the appellant's application. *Id.* at 12.

When DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, it found that MassHealth records indicate that MassHealth has already paid for comprehensive orthodontic treatment for the appellant during his lifetime. Exhibit 1, Exhibit 5 at 4. Based on those findings, MassHealth denied the appellant's prior authorization request without finding an HLD score. Exhibit 1, Exhibit 5 at 6.

At hearing, the MassHealth representative reiterated that MassHealth records demonstrate that the appellant has already received coverage of treatment during his lifetime. He also conducted his own examination of the appellant's mouth. He testified that he agreed with the appellant's provider's evaluation and found a score of 16. However, he was unable to overturn MassHealth's decision of a denial.

The appellant's mother agreed that the appellant previously received MassHealth coverage of braces through a different provider than the one who submitted this prior authorization request, and that treatment commenced roughly three years ago. However, she reported that she did not feel that the previous provider did not do an adequate job of fixing the appellant's teeth. She also stated that the provider claimed that they stopped accepting MassHealth, forcing her to find a different orthodontist to continue the appellant's treatment.

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 17, did not find an auto-qualifying condition, and declined to submit a medical necessity narrative. *Id.* at 7-24.

4. On April 28, 2024, MassHealth denied the appellant's prior authorization request on the grounds that the request exceeded the appellant's maximum benefit allowance. Exhibit 1, Exhibit 5 at 4.
5. The appellant timely appealed the denial to the Board of Hearings on May 16, 2024. Exhibit 2.
6. The MassHealth representative conducted his own examination of the appellant's mouth and testified to finding an HLD score of 17 with no exceptional handicapping dental condition. Testimony.
7. The parties agree that MassHealth has previously provided coverage of comprehensive orthodontic treatment for the appellant. 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 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*.

Thus, MassHealth typically only pays for treatment once per member in their lifetime, coverage of which is subject to prior authorization.

MassHealth further allows members to “transfer from one orthodontic provider to another for orthodontic services subject to prior authorization to determine the number of visits remaining...Providers must submit requests using the form specified by MassHealth.” *Id.* at 420.431(C)(7).

The 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,⁴ (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.

Providers may also establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative that establishes 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 (1) he has not previously received coverage of treatment during his lifetime; and (2) he has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary. He has failed to provide evidence of either.

⁴ 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.

Here, although the initial approval notice was not provided as part of the record, there is no dispute that the appellant both meets the medical necessity requirements and was previously approved for prior authorization of treatment.⁵ At issue then is whether the appellant's treatment was properly transferred from the first provider to the second. There is no evidence in the record that the second provider submitted the proper transfer paperwork as required by 130 CMR 420.431(C)(7). As a provider who accepts MassHealth, the provider should be familiar both with their patient's clinical history and the requisite MassHealth regulations. It was therefore the second provider's responsibility to ensure that the correct prior authorization form was submitted, and there is no evidence that the provider did so.

Furthermore, even if MassHealth has not previously paid for the appellant's treatment, he has not demonstrated that he meets the necessary qualifications. Both his orthodontist and the MassHealth representative found an overall HLD score of 16. Each of these scores are below the threshold of 22. Further, the provider did not allege, nor did MassHealth find, that the appellant has any of the auto-qualifying conditions or that treatment is otherwise medically necessary as set forth in Appendix D of the *Dental Manual*. Therefore, the appellant has not demonstrated that he meets the MassHealth criteria for approval of comprehensive orthodontic treatment.

Because the appellant has previously received coverage of the requested treatment, and because he has otherwise failed to demonstrate that he meets the clinical requirements to qualify, I find no error with the issuance of the April 28, 2024, denial of the appellant's prior authorization request.

For the foregoing reasons, the appeal is hereby denied.

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.

⁵ MassHealth, and DentaQuest as its agent, should take note that the Fair Hearing Rules require them to provide any and all evidence upon which a decision is made. See 130 CMR 610.062(A). In the future, any denial because a member exceeded their maximum benefit allowance should be accompanied by the previous approval notice and proof of payment at hearing.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 2, MA