

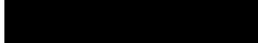
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2413767
Decision Date:	11/01/2024	Hearing Date:	10/16/2024
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:	11/01/2024	Hearing Date:	10/16/2024
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	
Hearing Location:	Tewksbury 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 August 4, 2024, MassHealth denied the appellant's request for prior authorization of coverage for comprehensive orthodontic treatment. Exhibit 1. The appellant filed this appeal in a timely manner on September 5, 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 for coverage of comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth complied with the regulations 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, appeared at the hearing with her father. 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 on behalf of the appellant to DentaQuest on July 31, 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 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 reported that the appellant has an overjet greater than 9 mm, which is an auto-qualifying condition. Exhibit 5 at 11. The provider did not provide an HLD score or include a medical necessity narrative in the appellant's application. *Id.* at 11-12.

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 18. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	5
Overbite in mm	0	1	6
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0

Anterior Crowding	Maxilla: - Mandible: -	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	0	1	7
Posterior Unilateral Crossbite	No	Flat score of 4	
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			18

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. Exhibit 1.

At the hearing, the MassHealth representative was able to conduct his own examination of the appellant's mouth. He testified that, after measuring twice, she found 7mm of overjet, 6mm of overbite, and 7 mm of labio-lingual spread. As a result, the MassHealth representative did not see enough evidence to overturn MassHealth's decision of a denial.

The appellant and her father testified that she has an overjet, a gap, and a narrow palate that they feel needs correcting and explained that this is their second time applying for coverage. The appellant reported feeling physically and emotionally uncomfortable with the state of her teeth.

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 found an auto-qualifying condition of overjet greater than 9 mm and declined to submit an HLD score or a medical necessity narrative. *Id.* at 11-12.
4. On August 4, 2024, MassHealth denied the appellant's prior authorization request, as DentaQuest found an HLD score of 18 with no auto-qualifying condition. Exhibit 1, Exhibit 5 at 7.
5. The appellant timely appealed the denial to the Board of Hearings on September 5, 2024. Exhibit 2.

6. The MassHealth representative examined the appellant's mouth, measured her overjet twice, and reviewed the appellant's x-rays and photographs, finding an HLD score of 20 with no exceptional handicapping dental condition. 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. See 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)

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.

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 overjet, the instructions state “This is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor. The measurement could apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the form.” An overjet of greater than 9mm is considered an auto-qualifying condition. *Id.* at D-6.

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 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, after measuring twice, he does not agree that the appellant has an overjet of over 9 mm. He credibly explained why he did not find the same measurements appellant’s provider, who did not testify at the hearing. I was able to observe the MassHealth representative’s examination firsthand and could verify his conclusions. As such, I find that the appellant did not provide sufficient evidence that she has an auto-qualifying condition. Additionally, her provider did not submit an HLD score or a medical necessity narrative, and both the DentaQuest orthodontist and the MassHealth representative found scores under the 22 points needed to qualify for the requested treatment. Thus, there is no evidence that the appellant qualifies for coverage. I thereby find no error with

MassHealth's decision to deny the appellant's request for prior authorization for comprehensive orthodontic treatment.

For the foregoing reasons, the appeal is hereby 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 he has not yet reached the age of 21.

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.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA