

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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| Appeal Decision: | Denied | Appeal Number: | 2414003 |
| Decision Date: | 11/18/2024 | 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

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|---------------------------|-------------------|--------------------------|---|
| Appeal Decision: | Denied | Issue: | Prior Authorization; Comprehensive Orthodontic Treatment |
| Decision Date: | 11/18/2024 | Hearing Date: | 10/16/2024 |
| MassHealth's Rep.: | Dr. Harold Kaplan | Appellant's Rep.: | |
| Hearing Location: | Remote | 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 29, 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 September 9, 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 complied with the regulations in determining that the appellant is currently ineligible for coverage of comprehensive orthodontic treatment.

Summary of Evidence

The appellant, a minor under the age of 21, appeared at the hearing in person and was represented by his parent. 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 August 1, 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 if a member's first premolars and first permanent molars have erupted, even if they meet the remaining qualifying criteria. In this case, he reported that MassHealth found that not all the appellant's first premolars have erupted, which is why the treatment was denied. The MassHealth representative was able to conduct his own examination of the appellant's mouth, and he agreed with MassHealth's assessment. He reported that the appellant otherwise has an overjet of over 9mm that should automatically qualify him for treatment once his first premolars have erupted, which he anticipates could be within the next six months.

The appellant's provider submitted an HLD form that reflected two auto-qualifying conditions – an overjet of over 9mm and a deep impinging overbite. The HLD score also reflected a score of 28. MassHealth did not provide an HLD assessment of the appellant's records because of his current lack of erupted first premolars.

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 28, found auto-qualifying conditions of an overjet over 9mm and a deep impinging overbite, and declined to submit a medical necessity narrative. *Id.* at 10-17.

4. On August 29, 2024, MassHealth denied the appellant's prior authorization request, because the appellant's first premolars have not yet erupted. Exhibit 1, Exhibit 5 at 4. MassHealth did not conduct an HLD assessment of the appellant's records. Exhibit 5 at 8.
5. The appellant timely appealed the denial to the Board of Hearings on September 9, 2024. Exhibit 2.
6. The MassHealth representative examined the appellant's mouth and reviewed his x-rays and photographs; he testified to finding that not all the appellant's first premolars have erupted. Testimony.
7. The appellant currently has an overjet of 9mm and otherwise qualifies for coverage of comprehensive orthodontic treatment. 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*.

...

Comprehensive orthodontic care should only commence with the first premolars and 1st permanent molars have erupted.

In this case, although the MassHealth representative agrees that the appellant has a handicapping malocclusion, his credible testimony, upon his examination of the appellant's mouth, is that the appellant's first premolars have not yet erupted, and therefore he cannot yet qualify for the coverage of treatment. I was able to view the examination, review the appellant's x-rays, and confirm the conclusions of the MassHealth representative. While it is true that the appellant otherwise meets the criteria for coverage of treatment, the regulations make clear that treatment cannot commence until the first premolars have erupted. Because the appellant's have not, he has not demonstrated that he meets the entirety of MassHealth's criteria for approval of comprehensive orthodontic treatment. I find no error with MassHealth's August 29, 2024, denial of the appellant's prior authorization request.

For the foregoing reasons, the appeal is hereby DENIED. If the appellant's dental condition should worsen or his 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