

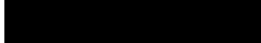
# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2414114
<b>Decision Date:</b>	11/21/2024	<b>Hearing Date:</b>	10/16/2024
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Harold Kaplan for Denta Quest



*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; Comprehensive Orthodontic Treatment
<b>Decision Date:</b>	11/21/2024	<b>Hearing Date:</b>	10/16/2024
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center	<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

Through a notice dated August 30, 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 10, 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 legal guardian. 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 20, 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 did not assert the existence of an auto-qualifying condition and reflected a score of 17, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
Overbite in mm	3	1	3
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	3
Anterior Crowding <sup>1</sup>	Maxilla: Mandible:	Flat score of 5 for each <sup>2</sup>	5

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<sup>1</sup> 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.

<sup>2</sup> 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)	4	1	4
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
<b>Total HLD Score</b>			<b>17</b>

Exhibit 5 at 11. The provider did not include a medical necessity narrative in the appellant's application. *Id.* at 12. However, the appellant submitted a letter from his primary care physician in support of his appeal, which states as follows: "[The appellant] is my patient and I have examined him on [REDACTED]. He would benefit from orthodontic procedure [sic] including dental braces to assist in dental care and to alleviate anxiety." Exhibit 6.

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 17. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	2
Overbite in mm	0	1	4
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	6
Anterior Crowding	Maxilla: Yes Mandible: Yes	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	0	1	6
Posterior Unilateral Crossbite	No	Flat score of 4	
Posterior impactions or congenitally missing posterior teeth	0	3	0
<b>Total HLD Score</b>			<b>17</b>

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, based on his own observations, he found 2 mm in overjet, 4

mm in overbite, and two teeth showing ectopic eruption, and 3 mm of labio-lingual spread, leading to a score of 17. He also found that the appellant has at least 3.5 mm of maxillary anterior crowding, but he reported that the MassHealth guidance does not allow for both crowding and ectopic eruptions to be counted. As a result, he did not see enough evidence to overturn MassHealth's decision of a denial.

## 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 10-16.
4. On August 30, 2024, MassHealth denied the appellant's prior authorization request, as DentaQuest found an HLD score of 17. Exhibit 1, Exhibit 5 at 7.
5. The appellant timely appealed the denial to the Board of Hearings on September 10, 2024. Exhibit 2.
6. The MassHealth representative examined the appellant's mouth and testified to finding an HLD score of 17 with no exceptional handicapping dental condition. This does not include his finding that the appellant has at least 3.5 mm of maxillary crowding. Testimony.
7. The appellant provided a letter from his pediatrician, which states the following: "[The appellant] is my patient and I have examined him on [REDACTED]. He would benefit from orthodontic procedure [sic] including dental braces to assist in dental care and to alleviate anxiety." Exhibit 6.

## 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,<sup>3</sup> (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

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<sup>3</sup> 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.

and above. *Id.* at D-2.

Specifically related to this appeal, the HLD form states: “Ectopic eruption and anterior crowding: do not double score, record the more serious condition.” Appendix D at D-1.

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. If the provider’s justification for medical necessity involves a mental, emotional, or behavioral condition, then the narrative provided in the prior authorization request must include the following:

- i. clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g., general dentist, oral surgeon, physician, clinical psychologist, clinical dietitian, speech therapist);
- ii. describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment;
- iii. state the specific diagnosis or other opinion of the patient’s condition furnished by the identified clinician(s);
- iv. document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made);
- v. discuss any treatments for the patient’s condition (other than comprehensive orthodontic treatment) considered or attempted by the clinician(s); and
- vi. provide any other relevant information from the clinician(s) that supports the requesting provider’s justification of the medical necessity of comprehensive orthodontic treatment.

Appendix D of Dental Manual at D-3. 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. He has failed to do so.

In this case, the appellant’s provider found an overall HLD score of 17. The MassHealth initial reviewer found an HLD score of 17, and the MassHealth representative’s examination yielded a score of 17. Although the MassHealth representative found both ectopic eruptions and maxillary crowding in the appellant’s mouth, he correctly stated that he cannot count both conditions in his overall HLD score, and he properly counted the more seriously condition, two ectopic eruptions equaling 6 total points. 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*. Although the appellant provided a letter from his doctor,

that letter lacked the specificity required for the medical necessity narrative as enumerated in Appendix D. Therefore, the appellant has not demonstrated that he meets the MassHealth criteria for approval of comprehensive orthodontic treatment. I find no error with MassHealth's August 30, 2024, denial of the appellant's prior authorization request.

For the foregoing reasons, the appeal is hereby denied.

If the appellant's dental condition worsens or his orthodontist provides 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.

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Mariah Burns  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA