

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2414845
Decision Date:	11/14/2024	Hearing Date:	11/06/2024
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:




Appearance for MassHealth:

Dr. Harold Kaplan, 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:	Dental Services; Orthodontic Services
Decision Date:	11/14/2024	Hearing Date:	11/06/2024
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South 2	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 September 16, 2024, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment. See 130 CMR 450.204 and Exhibit 1. The appellant filed this appeal in a timely manner on September 25, 2024. See 130 CMR 610.015(B) and Exhibit 2. Denial of a request for prior authorization is a valid basis for appeal to the Board of Hearings. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment.

Issue

Whether MassHealth was correct, pursuant to 130 CMR 420.431(C), in determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

All parties appeared in person. MassHealth was represented by a licensed orthodontist from DentaQuest, the MassHealth dental contractor. The appellant appeared with her foster mother who verified their identities. The following is a summary of the testimonies and evidence provided at the hearing:

The appellant's orthodontic provider ("the provider") submitted a prior authorization request for comprehensive orthodontic treatment to DentaQuest on behalf of the appellant on September 9, 2024. This request included the appellant's X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form.

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 dental conditions. 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. If the applicant meets any of these qualifications, MassHealth, through DentaQuest, will approve a request for prior authorization for comprehensive orthodontic treatment.

According to the prior authorization (PA) request, the appellant's provider submitted an HLD form reflecting a score of 29 and reported that the appellant had an auto-qualifying condition; namely: an "impinging overbite." See Exhibit 5, p.15. The appellant's provider did not submit a "medical necessity" narrative with the request. The provider's HLD form reflecting the score of 29 is detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	6 ¹
Overbite in mm	0	1	10
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 ²	Maxilla: No	Flat score of 5	5

¹ The provider only indicated the weighted score, not the raw score.

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.

	Mandible: Yes	for each ³	
Labio-Lingual Spread, in mm (anterior spacing)	0	1	2
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	2	3	3
Total HLD Score			29

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 13. See Exhibit 5, p.8. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	6 ⁴
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)	0	3	0
Anterior Crowding	Maxilla: No Mandible: No	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	0	1	2
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			13

Because DentaQuest found an HLD score below the threshold of 22, no auto-qualifying conditions, and no medical necessity, it denied the appellant's prior authorization request on September 16, 2024. See Exhibit 1.

³ The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

⁴ It appears that the DentaQuest reviewer only indicated the weighted score and not the raw score in their assessment.

In preparation for the hearing, the MassHealth orthodontic consultant completed an HLD Form based on a review of the photographs and X-rays submitted by the provider, and also examined the appellant in person. He determined that the appellant's overall HLD score was 16, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	6
Overbite in mm	0	1	5
Mandibular Protrusion in mm	0	5	0
Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: No Mandible: No	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	0	1	2
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	3
Total HLD Score			16

The MassHealth orthodontic consultant testified that MassHealth only provides coverage for comprehensive orthodontic treatment when there is a severe and handicapping malocclusion. He agreed that the appellant has an overjet (protrusion) and a posterior impaction which he included in the calculation of his HLD score. However, he testified the appellant does not have an "impinging overbite," or any other automatic qualifying condition because he did not observe any soft tissue damage as result of the appellant's bottom front teeth coming into contact with the tissue behind the front top teeth, as required to meet this automatic qualifying category. Thus, he upheld MassHealth's denial of the request for comprehensive orthodontic services.

The appellant testified that she must take extra care while chewing her food to avoid her bottom front teeth from coming into contact with the roof of her mouth. She also pointed out that she has an impacted tooth which will be extracted by her provider.

The MassHealth orthodontic consultant explained that because the impacted tooth will be extracted, it will not be considered an automatic qualifying condition but that he had given 3 points for the impaction as part of his HLD score. He also reiterated that he has not observed any soft tissue damage behind the appellant's top front teeth as required to meet this

automatic qualifying category.

Findings of Fact

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

1. The appellant is under 21 years of age. (Testimony and Exhibit 4).
2. On September 9, 2024, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth. (Testimony, Exhibit 5).
3. The appellant's provider completed an HLD form finding an overall score of 29. (Testimony and Exhibit 5).
4. The appellant's provider documented that the appellant has an automatic qualifying condition; namely: an "impinging overbite." (Exhibit 5).
5. The appellants' provider did not allege or provide a medical necessity narrative. (Exhibit 5).
6. MassHealth provides coverage for comprehensive orthodontic treatment only when there is a severe and handicapping malocclusion. (Testimony).
7. An HLD score of 22 or higher denotes a severe and handicapping malocclusion. (Testimony).
8. When DentaQuest initially evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 13. (Testimony and Exhibit 5).
9. DentaQuest also determined that the appellant did not meet the criteria set out for the automatic qualifying condition of an impinging overbite. (Exhibit 5).
10. On September 16, 2024, MassHealth notified the appellant that the prior authorization request had been denied. (Exhibit 1).
11. On September 25, 2024, the appellant filed a timely appeal of the denial. (Exhibit 2).
12. A fair hearing was conducted on November 16, 2024, and all parties appeared in person.
13. At the hearing, the MassHealth orthodontic consultant reviewed the provider's submissions and examined the appellant's teeth, finding an HLD score of 16. (Testimony).

14. The appellant has an overjet (protrusion) and a posterior impaction which the MassHealth representative included in the calculation of his HLD score. (Testimony).
15. The MassHealth representative did not find any condition that would qualify as an automatic qualifying condition. (Testimony).
16. There is no evidence of soft tissue damage as result of the appellant's bottom front teeth coming into contact with the tissue behind the front top teeth, as required to meet this automatic qualifying. (Testimony).
17. There was no other documentation or evidence of medical necessity for the comprehensive orthodontic treatment provided to MassHealth. (Exhibit 5).

Analysis and Conclusions of Law

At the outset it should be noted that 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.

See 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 within the MassHealth *Dental Manual*. Regulation 130 CMR 420.431(C)(3) states, in relevant part, as follows:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, 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,⁵ (2) the member meets or exceeds the threshold score designated by MassHealth on the HLD Form,⁶ 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.⁷ See generally, Appendix D of the *Dental Manual*. In such circumstances, MassHealth will approve payment for comprehensive orthodontic treatment. See 130 CMR 420.431(C)(3).

When requesting prior authorization for comprehensive orthodontic treatment, the provider submits, among other things, a completed HLD form which documents the results of applying the clinical standards described in Appendix D of the *Dental Manual*. For MassHealth to pay for

⁵ Auto-qualifying conditions include the following: cleft lip, cleft palate, or other craniofacial anomalies; impinging overbite: impinging overbite with evidence of occlusal contact into the opposing soft tissue; impactions: impactions (excluding third molars) that are impeding eruption in the maxillary and mandibular arches; severe traumatic deviations: traumatic deviations refer to accidents impacting the face, jaws, and teeth rather than congenital deformity; overjet greater than 9mm: 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; reverse overjet greater than 3.5mm: 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; crowding or spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars); anterior or posterior crossbite of 3 or more teeth per arch; two or more congenitally missing teeth (excluding 3rd molars); lateral or anterior (of incisors) open bite 2 mm or more. See Appendix D at D-2 and D-5.

⁶ 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.” See 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.

⁷Comprehensive orthodontic treatment is deemed medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate one of the following: a severe deviation affecting the patient’s mouth and/or underlying dentofacial structures; a diagnosed mental, emotional, or behavioral condition caused by the patient’s malocclusion; a diagnosed nutritional deficiency and/or a substantiated inability to eat or chew caused by the patient’s malocclusion; a diagnosed speech or language pathology caused by the patient’s malocclusion; or a diagnosed condition caused by overall severity of the patient’s malocclusion. See Appendix D at D-3.

orthodontic treatment, the appellant's malocclusion must be severe and handicapping as indicated by an automatic qualifier on the HLD index or a minimum HLD index score of 22. See Id. 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 – a burden that the appellant has not met in this case. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings").

In this case, the appellant's provider found an overall HLD score of 29. After reviewing the documents included with the provider's submission, MassHealth calculated a score of 13. Upon review of the prior authorization documents and conducting an oral examination, a different MassHealth orthodontic consultant found that the HLD score was 16. He measured the appellant's overbite and examined her ectopic eruption. He credibly testified that his HLD scoring in these two areas differed from the appellant's provider, who did not testify at the hearing.

Additionally, the MassHealth orthodontic consultant testified that the appellant did not have an "impinging overbite," or any other automatic qualifying condition because he did not observe any soft tissue damage as result of the appellant's bottom front teeth coming into contact with the tissue behind the front top teeth, as required to meet this automatic qualifying category. Contrary to the appellant's testimony that her bottom teeth come into contact with the roof of her mouth causing bleeding, the orthodontist did not observe any soft tissue damage. Based on my own observations at the hearing and review of the records, I find the MassHealth's orthodontic consultant's testimony credible and conclude that no auto qualifying conditions are present at this time.

Further, the appellant's provider did not allege or submit a medical necessity narrative. Based on the aforementioned, MassHealth was correct to deny the appellant's request for prior authorization for comprehensive orthodontic treatment.

For the foregoing reasons, this appeal is 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA