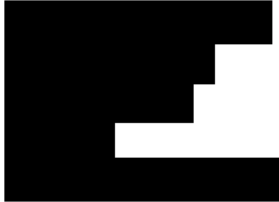


**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2414972
Decision Date:	11/8/2024	Hearing Date:	11/4/2024
Hearing Officer:	David Jacobs		

Appearance for Appellant:



Appearance for MassHealth:

Katherine Moynihan 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 - Orthodontics
Decision Date:	11/8/2024	Hearing Date:	11/4/2024
MassHealth's Rep.:	Dr. Katherine Moynihan	Appellant's Rep.:	[REDACTED]
Hearing Location:	Charlestown MEC		

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 11, 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 30, 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 within its discretion in determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

The appellant's mother appeared in person on behalf of the appellant, a minor under 21. The MassHealth representative, a licensed orthodontist, appeared in person 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 to DentaQuest on behalf of the appellant on August 19, 2024. This request included the appellant's X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form (Exhibit 4).

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. 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 a HLD score of 23 (Exhibit 4). The provider's HLD Form reflects the following scores:

Conditions Observed	Score
Overjet in mm	7
Overbite in mm	6
Mandibular Protrusion in mm	0
Open Bite in mm	0
Ectopic Eruption (# of teeth, excluding third molars)	0
Anterior Crowding	10
Labio-Lingual Spread, in mm (anterior spacing)	0
Posterior Unilateral Crossbite	0
Posterior impactions or congenitally missing	0

posterior teeth	
Total HLD Score	23

(Exhibit 4). When DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, its orthodontist determined that the appellant has an HLD score of 17. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Score
Overjet in mm	4
Overbite in mm	5
Mandibular Protrusion in mm	0
Open Bite in mm	0
Ectopic Eruption (# of teeth, excluding third molars)	0
Anterior Crowding	5
Labio-Lingual Spread, in mm (anterior spacing)	3
Posterior Unilateral Crossbite	0
Posterior impactions or congenitally missing posterior teeth	0
Total HLD Score	17

(Exhibit 4). 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 4).

At hearing, the MassHealth representative testified that based on careful review of the x-rays and photographs she found an HLD score of 18, primarily because she disagreed with the provider about the amount of crowding in the upper arch.

The appellant’s mother appeared. She testified that her daughter has jaw pain due to her teeth. She included a letter from the appellant’s dentist explaining what work needs to be done to straighten the appellant’s teeth (Exhibit 5). The MassHealth representative found the letter insufficient as it does not meet the guidelines set out on the HLD form for a medical necessity narrative.

Findings of Fact

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

1. 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.
2. The appellant submitted a letter from her dentist describing the work that needed to be done to straighten the appellant's teeth.
3. The provider found an HLD score of 23 and no auto-qualifying conditions.
4. On September 11, 2024, MassHealth denied the appellant's prior authorization request, as DentaQuest found an HLD score of 17, no auto-qualifying conditions, and did not find the submitted medical necessity narrative sufficient.
5. The appellant timely appealed the denial to the Board of Hearings.
6. The MassHealth representative testified to finding an HLD score of 18 due to not finding sufficient crowding in the upper arch.
7. The appellant submitted a doctor's letter explaining what work needs to be done to straighten the appellant's teeth.
8. The MassHealth representative explained that the submitted doctor's letter did not meet the guidelines for a medical necessity narrative set out on the HLD form.
9. The appellant's mother testified that the appellant's teeth are causing her jaw pain.

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*.

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) 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 eligibility for comprehensive orthodontic treatment by submitting a medical necessity narrative from a physician that indicates that comprehensive orthodontic

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.

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 he 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 her review of the appellant's records results in a HLD score below the required 22 points. She credibly explained that she found insufficient crowding in the upper arch. Further, I was able to review the appellant's records which verified the conclusion reached by the MassHealth representative. Without the points attributed to crowding in the upper anterior arch, the appellant's HLD score is below 22 points.

The appellant's mother testified that her daughter's crooked teeth are causing her jaw pain. Furthermore, the appellant submitted a letter from the appellant's doctor describing what work needed to be done to straighten the appellant's teeth (Exhibit 5). The MassHealth representative rejected the letter as not meeting the guidelines set out on the HLD form and I agree. A medical necessity narrative must establish that braces are medically necessary treating a handicapping condition such a severe skeletal deviation, a diagnosed mental, emotional, or behavioral condition, a diagnosed nutritional deficiency, a diagnosed speech condition, or a diagnosed condition caused by the overall severity of the malocclusion (Exhibit 4, pg. 12 and appendix D of the *Dental Manual*). Here, the doctor's letter only concerns how comprehensive orthodontic treatment can treat the appellant's malocclusion and not any related condition which is required for a valid medical necessity narrative.

Therefore, as the appellant has failed to demonstrate that she has an HLD score of at least 22 points, an auto-qualifying condition, or that treatment is a medical necessity, MassHealth did not err in denying her request for coverage of comprehensive orthodontic treatment.

The appeal is 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 may be submitted.

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.

David Jacobs
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA