

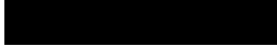
**.Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2415421
Decision Date:	12/31/2024	Hearing Date:	11/25/2024
Hearing Officer:	Mariah Burns		

Appearances for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras 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:	12/31/2024	Hearing Date:	11/25/2024
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Reps.:	
Hearing Location:	Quincy Harbor South	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 25, 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 October 6, 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 MassHealth member under the age of [REDACTED] appeared at the hearing in person with her 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 September 19, 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 did not allege any auto-qualifying conditions and reflected a score of 16, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
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	0
Anterior Crowding ¹	Maxilla: Yes Mandible: Yes	Flat score of 5 for each ²	10

¹ 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.

² 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)	0	1	0
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			16

Exhibit 5 at 10. The provider did not include a medical necessity narrative in the appellant's application. *Id.* at 11.

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 11. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	2 ³
Overbite in mm	0	1	2
Mandibular Protrusion in mm	0	5	5
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	
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			11

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 the following measurements: 2mm overjet, 2mm overbite, 5mm mandibular protrusion, 5mm mandibular

³ DentaQuest only provided the weighted scores, not the raw scores.

crowding, 2mm labio-lingual spread, which adds up to a combined total of 16 points. As a result, he did not see enough evidence to overturn MassHealth's decision of a denial.

The appellant provided a letter from a licensed clinical social worker dated September 13, 2024, that states the following:

I am writing on behalf of [the appellant] who is a patient in pediatrics and behavioral health at the [REDACTED]. She was seen for an assessment on September 10, 2024, and is on the wait list for individual therapy. Per [the appellant] and her mother, she has been experiencing symptoms of anxiety, low self-confidence, and difficulty with self-esteem and self-image. [the appellant] has stated she avoids smiling and is self-conscious about her face/mouth. She expressed to me that having braces to help her physical appearance would make a positive impact on her self-image. It is my recommendation that her petition for braces be granted to alleviate her mental health symptoms.

Exhibit 6.

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 [REDACTED] Exhibit 4.
2. On September 19, 2024, 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 16 with 3mm of overjet, 3mm of overbite, and at least 3.5 mm each of maxillary and mandibular crowding, did not find an auto-qualifying condition, and declined to submit a medical necessity narrative or any documentation related to an alleged medical condition warranting coverage of treatment. *Id.* at 8-16.
4. On September 26, 2024, MassHealth denied the appellant's prior authorization request, as DentaQuest found an HLD score of 11. Exhibit 1, Exhibit 5 at 4, 7.
5. The appellant timely appealed the denial to the Board of Hearings on October 6, 2024. Exhibit 2.
6. The MassHealth representative examined the appellant in-person and testified to finding an

HLD score of 16 with no exceptional handicapping dental condition. His opinion is that the appellant has approximately 2mm overjet, 2mm overbite, 5mm mandibular protrusion, 5mm mandibular crowding, 2mm labio-lingual spread. Testimony.

7. The appellant provided a letter from a licensed clinical social worker that states the following:

I am writing on behalf of [the appellant] who is a patient in pediatrics and behavioral health at the [REDACTED]. She was seen for an assessment on September 10, 2024, and is on the wait list for individual therapy. Per [the appellant] and her mother, she has been experiencing symptoms of anxiety, low self-confidence, and difficulty with self-esteem and self-image. [the appellant] has stated she avoids smiling and is self-conscious about her face/mouth. She expressed to me that having braces to help her physical appearance would make a positive impact on her self-image. It is my recommendation that her petition for braces be granted to alleviate her mental health symptoms.

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 [REDACTED] 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,⁴ (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.

Specifically related to this appeal, Appendix D of the Dental Manual provides the following scoring instructions related to maxillary and mandibular crowding:

Arch length insufficiency must exceed 3.5mm. Score only fully erupted incisors and canines. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter 5 points for maxillary and mandibular anterior crowding. If condition no. 5, ectopic eruption, is also present in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.

Appendix D 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

⁴ 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.

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, or "the presence of any other condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider," then the narrative provided in the prior authorization request must include specific documentation regarding the member's condition and diagnosis, as well as the provider's opinion as to how the requested treatment will affect that diagnosed condition. 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 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.

In this case, the appellant's provider found an overall HLD score of 16. The MassHealth initial reviewer found an HLD score of 11, and the MassHealth representative's examination yielded a score of 16. Each of these scores are below the threshold of 22. Further, the MassHealth representative's sworn testimony is that he does not agree that the crowding on either of the appellant's arches reaches the requisite 3.5mm to warrant a score. He credibly explained why he did not find the same measurements as the appellant's provider, who did not testify at the hearing. Further, I was able to observe the examination, review the appellant's records, and verify the conclusions of the MassHealth representative.

Additionally, the letter submitted by the appellant at the hearing was not included as part of the prior authorization request for DentaQuest to review. Such a letter, intended as a medical necessity narrative, can be submitted for consideration with a future request for prior authorization. However, because a medical necessity narrative was not submitted with this request, MassHealth did not take any action on that argument, and I am without jurisdiction to rule on the issue substantively. See 130 CMR 610.003 (scope of fair hearing is for review of "certain actions or inactions by the MassHealth agency..."). Therefore, I find the appellant has not demonstrated that she, at present, meets the MassHealth criteria for approval of comprehensive orthodontic treatment. I find no error with MassHealth's September 25, 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 her 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 she has not yet reached the age of [REDACTED]

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 2, MA