

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416417
Decision Date:	1/13/2025	Hearing Date:	12/04/2024
Hearing Officer:	Emily Sabo		

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:	Prior Authorization; Dental Services; Orthodontic Services
Decision Date:	1/13/2025	Hearing Date:	12/04/2024
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Mother
Hearing Location:	Quincy Harbor South 1	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 30, 2024, MassHealth denied the Appellant's request for prior authorization for comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 5). The Appellant filed this appeal in a timely manner on October 25, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's request for coverage of comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the Appellant does not meet the MassHealth requirements for coverage of comprehensive orthodontic treatment.

Summary of Evidence

The Appellant is a minor and was represented by his mother at the hearing. She verified the Appellant's identity. On September 23, 2024, the Appellant's orthodontist submitted a request for prior authorization for orthodontic treatment on behalf of the Appellant. As part of this request, the Appellant's orthodontist completed an Orthodontics Prior Authorization form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) form, and submitted these, along with photographs and X-rays of the Appellant's mouth. Exhibit 5. The Appellant's orthodontist indicated he would not be submitting a medical necessity narrative. *Id.* at 9.

At the hearing, MassHealth was represented by an orthodontist consultant with DentaQuest, the contracted agent of MassHealth that makes dental prior authorization determinations. The MassHealth representative testified that MassHealth only covers the cost of orthodontic treatment if there is a severe problem (a handicapping malocclusion). To determine whether there is a handicapping malocclusion, an HLD form is completed by both the orthodontic provider and MassHealth. The HLD form lists 13 auto qualifiers and 9 characteristics with corresponding numerical values. The MassHealth representative testified that for MassHealth to authorize payment for orthodontic treatment, MassHealth would need to find that an individual has an HLD score of at least 22 points or an auto qualifying condition.

The Appellant's orthodontist indicated that the Appellant had an auto qualifying condition of an impaction, where eruption is impeded but extraction is not indicated for tooth # 6. *Id.* at 11. The Appellant's orthodontist calculated an HLD score of 26, based on 4 points for overjet, 6 points for overbite, 3 points for ectopic eruption for tooth # 6, 10 points for anterior crowding for both the upper and lower arches, and 3 points for labio-lingual spread. *Id.* Prior to the hearing, DentaQuest calculated that the Appellant had an HLD score of 13, based on 5 points for overjet, 4 points for overbite, and 4 points for labio-lingual spread and no auto qualifying conditions. *Id.* at 7. At the hearing, the MassHealth representative testified that based on his examination of the Appellant's records, he found a score of 17 points based on 5 points for overjet, 4 points for overbite, 5 points for crowding in the upper arch, and 3 points for labio-lingual spread. The MassHealth representative testified that he found no auto qualifying conditions because he did not see evidence of an impacted upper tooth.

The Appellant's mother testified that she was concerned about the Appellant's tooth # 6 and that it was bumping out.

Findings of Fact

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

1. The Appellant's orthodontic provider submitted a request for orthodontic treatment on behalf of the Appellant (Testimony; Exhibit 5).

2. The Appellant's orthodontic provider completed an Orthodontic Prior Authorization form and an HLD form and submitted these to DentaQuest, along with photographs and x-rays of the Appellant's mouth (Exhibit 5).
3. The Appellant's orthodontic provider indicated that the Appellant had an auto qualifying condition of an impaction where eruption is impeded, but extraction is not indicated for tooth # 6, and also, an HLD score of 26 (Exhibit 5 at 11).
4. DentaQuest calculated an HLD score of 13 points and no auto qualifying conditions (Exhibit 5 at 7).
5. Based on his examination of the Appellant's records, the MassHealth representative calculated an HLD score of 17 points and no auto qualifying conditions (Testimony).
6. An HLD score of 22 is the minimum score indicative of a handicapping malocclusion (Testimony).
7. The Appellant's orthodontic provider did not submit any documentation indicating that treatment is medically necessary (Exhibit 5 at 9).
8. Based on the evidence and testimony in the record, I credit the MassHealth representative's testimony that the Appellant does not have an auto qualifying condition and his HLD score is less than 22 points (Testimony and Exhibit 5).

Analysis and Conclusions of Law

As a rule, MassHealth and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. See 130 CMR 420.410; 130 CMR 450.204. The MassHealth regulations at 130 CMR 420.410(A)(3) state:

The provider must not start a service that requires prior authorization until the provider has requested and received written prior authorization from the MassHealth agency. The MassHealth agency may grant prior authorization after a procedure has begun if, in the judgment of the MassHealth agency

- (a) the treatment was medically necessary;
- (b) the provider discovers the need for additional services while the member is in the office and undergoing a procedure; and
- (c) it would not be clinically appropriate to delay the provision of the service.

130 CMR 420.410(A)(3).

In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq, covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 420.421 through 130 CMR 420.456. The MassHealth regulations at 130 CMR 420.431 provide service descriptions and limitations for orthodontic services. As relevant to comprehensive orthodontic requests, the regulation provides:

420.431: Service Descriptions and Limitations: Orthodontic Services

(A) General Conditions. The MassHealth agency pays for orthodontic treatment, subject to prior authorization, service descriptions and limitations as described in 130 CMR 420.431. The provider must seek prior authorization for orthodontic treatment and begin initial placement and insertion of orthodontic appliances and partial banding or full banding and brackets prior to the member's 21st birthday.

(B) Definitions.

(1) Pre-orthodontic Treatment Examination. Includes the periodic observation of the member's dentition at intervals established by the orthodontist to determine when orthodontic treatment should begin.

(2) Interceptive Orthodontic Treatment. Includes treatment of the primary and transitional dentition to prevent or minimize the development of a handicapping malocclusion and therefore, minimize or preclude the need for comprehensive orthodontic treatment.

(3) Comprehensive Orthodontic Treatment. Includes a coordinated diagnosis and treatment leading to the improvement of a member's craniofacial dysfunction and/or dentofacial deformity which may include anatomical and/or functional relationship. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances. Comprehensive orthodontics may incorporate treatment phases, including adjunctive procedures to facilitate care focusing on specific objectives at various stages of dentofacial development.

(4) Orthodontic Treatment Visits. Periodic visits which may include, but are not limited to, updating wiring, tightening ligatures or otherwise evaluating and updating care while undergoing comprehensive orthodontic treatment.

(C) Service Limitations and Requirements.

...

(3) Comprehensive Orthodontics. 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. Upon the completion of orthodontic treatment, the provider must take post treatment photographic prints and maintain them in the member's dental record. The MassHealth agency pays for the office visit, radiographs and a record fee of the pre-orthodontic treatment examination (alternative billing to a contract fee) when the MassHealth agency denies a request for prior authorization for comprehensive orthodontic treatment or when the member terminates the planned treatment. The payment for a pre-orthodontic treatment consultation as a separate procedure does not include models or photographic prints. The MassHealth agency may request additional consultation for any orthodontic procedure. Payment for comprehensive orthodontic treatment is inclusive of initial placement, and insertion of the orthodontic fixed and removable appliances (for example: rapid palatal expansion (RPE) or head gear), and records. Comprehensive orthodontic treatment may occur in phases, with the anticipation that full banding must occur during the treatment period. The payment for comprehensive orthodontic treatment covers a maximum period of three calendar years. The MassHealth agency pays for orthodontic treatment as long as the member remains eligible for MassHealth, if initial placement and insertion of fixed or removable orthodontic appliances begins before the member reaches 21 years of age. Comprehensive orthodontic care should commence when the first premolars and first permanent molars have erupted. It should only include the transitional dentition in cases with craniofacial anomalies such as cleft lip or cleft palate. Comprehensive treatment may commence with second deciduous molars present. Subject to prior authorization, the MassHealth agency will pay for more than one comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies to the extent treatment cannot be completed within three years.

130 CMR 420.431(A); (B); (C)(3).

Appendix D of the Dental Manual contains the authorization form for comprehensive orthodontic treatment.¹ As indicated by the paper record, MassHealth testimony, and the relevant regulations, appendices and manuals (including the HLD Authorization form), MassHealth approves comprehensive orthodontic treatment only when the member meets one of the three following requirements:

1. the member has an auto qualifying condition as described by MassHealth in the HLD index;²
2. the member meets or exceeds the threshold score (currently 22 points) listed by

¹ Appendix D of the Dental Manual is available at <https://www.mass.gov/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download>.

² Found on page D-5 of Appendix D of the Dental Manual.

MassHealth on the HLD index;³ or

3. comprehensive orthodontic treatment is medically necessary for the member, as demonstrated by a medical necessity narrative letter and supporting documentation submitted by the requesting provider.⁴ Usually this involves a severe medical condition that can include atypical or underlying health concerns, which may be either dental or non-dental.

The instructions for the auto qualifying condition of impaction state, “Impactions (excluding third molars) that are impeding eruption in the maxillary and mandibular arches.” Dental Manual, D-5. The HLD scoring instructions state that if the scorer finds anterior crowding, they cannot score teeth under the ectopic eruption category. Dental Manual, D-6; *see also* Exhibit 5 (scoring instructions). Here, with regard to the appellant’s maxilla (upper jaw), the appellant’s dental provider scored both upper anterior crowding exceeding 3.5 mm. (worth 5 points on the HLD Form), and ectopic eruption of tooth #6 (worth 3 points on the HLD Form). This was an error, as set forth in the instructions in the Dental Manual.

The Appellant’s orthodontist did not submit a medical necessity narrative letter and supporting documentation. The Appellant’s orthodontist indicated that the Appellant had an auto qualifying condition of an impacted tooth for tooth # 6 and an HLD score of 26. As stated above, I credit the MassHealth representative’s testimony that the Appellant does not have an auto qualifying condition and has an HLD score of less than 22 points. Accordingly, the Appellant has not demonstrated that he has a handicapping malocclusion, such that orthodontic treatment is medically necessary. Therefore, MassHealth was correct in denying the request, pursuant to 130 CMR 420.431.

This appeal is denied.⁵

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

³ Found on page D-6 of Appendix D of the Dental Manual.

⁴ Found on page D-3 of Appendix D of the Dental Manual.

⁵ This denial does not preclude the Appellant or the Appellant’s orthodontist from submitting a new prior authorization request to MassHealth every six months upon re-examination, until the Appellant reaches the age of 21.

receipt of this decision.

Emily Sabo
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA