Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: DENIED Appeal Number: 2418365

Decision Date: 2/26/2025 **Hearing Date:** 01/27/2025

Hearing Officer: Kenneth Brodzinski

Appearance for Appellant:

Appearance for MassHealth:

Dr. Katherine Moynihan (virtually)



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: 2/26/2025 **Hearing Date:** 01/27/2025

MassHealth's Rep.: Dr. Katherine Appellant's Rep.: Mother

Moynihan

Hearing Location: Springfield MEC

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notice dated November 4, 2024, MassHealth denied Appellant's request for prior authorization for comprehensive orthodontic treatment (Exhibit A). Appellant filed this appeal in a timely manner on December 2, 2024 (see 130 CMR 610.015(B) and Exhibit A). Denial of assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by the Division

MassHealth denied Appellant's request for prior authorization for comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied Appellant's prior authorization request for comprehensive orthodontic treatment.

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Summary of Evidence

The MassHealth representative, a practicing orthodontist, testified that Appellant's request for comprehensive orthodontic treatment was considered in light of the written information provided in the prior authorization request form (Exhibit B) and oral photographs submitted by Appellant's dental provider. The information was then applied to a standardized HLD Index that is used to make an objective determination as to whether Appellant has a "handicapping malocclusion." The MassHealth representative testified that the HLD Index uses objective measurements taken from the subject's teeth to generate an overall numeric score. The MassHealth representative testified that a handicapping malocclusion requires a minimum score of 22. She further testified that according to the prior authorization request, Appellant's dental provider reported an overall score of 9.5 (Exhibit B).

The MassHealth representative testified that MassHealth's agent DentaQuest reviewed the request and took measurements from Appellant's oral photographs and determined a slightly higher HLD score of 12 (Id). The MassHealth representative testified her own review and measurements also yielded an overall score of 12.

The MassHealth representative further explained that a handicapping malocclusion can also be evidenced by the presence of one or more specified dental/oral conditions, such a cleft palate, which are called "auto qualifiers". The MassHealth representative testified that Appellant's orthodontist did not assert the presence of an auto qualifier nor did MassHealth find evidence of any auto qualifiers in the submitted request.

Appellant's mother testified that Appellant sees a mental health provider for anxiety. Appellant's mother explained that she believes Appellant's dental condition affects Appellant's mental well-being.

In response, the Masshealth representative explained that another option to substantiate the medical necessity for MassHealth to cover the cost of comprehensive orthodontics is the for the orthodontist to submit a PA request with a narrative explaining how the member's dental condition is affecting some other aspect of his/her health. The narrative should be accompanied by documentation from the medical provider treating the affected condition being asserted. Documentation from the treating provider needs to verify the existence of the condition as well as how the member's dentition is affecting the condition and the impact that orthodontics would have on the condition. The MassHealth representative testified that on the PA, the requesting orthodontist did not assert any such condition and did not include a narrative.

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Findings of Fact

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

- 1. Appellant sought prior authorization for comprehensive orthodontic treatment through a written prior authorization (PA) request.
- 2. Within the request, Appellant's dental provider reported that Appellant has an overall HLD index score of 9.5.
- 3. Using measurements taken from Appellant's oral photographs submitted with the PA request, MassHealth's agent DentaQuest determined that Appellant had an overall HLD index score of 12.
- 4. Using measurements taken from Appellant's oral photographs submitted with the PA request, the MassHealth representative, who is a practicing orthodontist, also determined that Appellant had an overall HLD index score of 12.
- 5. The PA request did not assert the existence of any auto qualifier and did not contain a written narrative relative to any related or impacted medical condition.

Analysis and Conclusions of Law

The	party	appealing	an	administrative	decision	bears	the	burden	of	demonstrating	the
deci	sion's i	nvalidity									
On this record, Appellant has not met her burden.											

Regulations at 130 CMR 420.431(C)(3) state in pertinent part:

Service Descriptions and Limitations: Orthodontic Services:

Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime younger than 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.

(Emphasis supplied).

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Appendix D of the MassHealth Dental Manual requires an HLD score of 22 and/or the existence of an auto qualifier to evidence the existence of a handicapping malocclusion.

While Appellant would likely benefit from orthodontic treatment, the above-cited regulation is clear and unambiguous. MassHealth will cover orthodontic treatment "only" for recipients who have a "handicapping malocclusion." Based on the informed and considered opinion of MassHealth's agent, DentaQuest and the MassHealth representative, who is a practicing orthodontist, who both examined Appellant's oral photographs and the other documentation submitted by the requesting dental provider, Appellant does not meet the requirements of 130 CMR 420.431(C)(3) insofar as she currently does not have the minimum objective score of 22 to indicate the presence of a "handicapping malocclusion." Both DentaQuest and the MassHealth representative reached the same HLD score of 12. Moreover, Appellant's own orthodontist reached a score of only 9.5.

At hearing, Appellant's mother asserted that Appellant's condition has an effect on Appellant's mental health; however, such was not asserted in the PA request and no medical necessity narrative was submitted.

On this record, there is no reasonable basis to conclude that Appellant's PA request meets the regulatory requirements for approval of comprehensive orthodontic treatment. For the foregoing reasons, the appeal is DENIED.

Order for MassHealth

None.

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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.

Kenneth Brodzinski Hearing Officer Board of Hearings

MassHealth Representative: DentaQuest 1, MA

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