

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Numbers:	2176520 and 2176565
Decision Date:	10/19/2021	Hearing Date:	10/04/2021
Hearing Officer:	Marc Tonaszuck		

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:	Orthodontics
Decision Date:	10/19/2021	Hearing Date:	10/04/2021
MassHealth's Rep.:	Dr. Harold Kaplan, DentaQuest	Appellant's Rep.:	██████████
Hearing Location:	Quincy Harbor South		

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 07/01/2021, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 4). The appellant filed this appeal in a timely manner on 08/19/2021 (see 130 CMR 610.015(B) and Exhibit 2)¹. Denial of a request for prior approval is a valid basis for appeal (see 130 CMR 610.032).

There were two appeal numbers, 2176520 and 2176565, assigned to this matter which appears to be a duplicate entry for the same denial notice and appeal. The two appeal numbers were combined because they involved identical issues and parties.

¹ In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends:
 - All appeal hearings will be telephonic; and
 - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

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

Summary of Evidence

The appellant is a minor MassHealth member whose mother appeared at hearing via telephone. MassHealth was represented at hearing by Dr. Harold Kaplan, an orthodontic consultant from DentaQuest, the MassHealth dental contractor.

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and X-rays on 06/16/2021. As required, the provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form, which requires a total score of 22 or higher for approval or that the appellant has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The provider's HLD Form indicates that the providing orthodontist found a total score of 28, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
Overbite in mm	4	1	4
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	4	3	12
Anterior Crowding ²	Maxilla: 5 Mandible: 5	Flat score of 5 for each ³	10
Labio-Lingual Spread, in mm (anterior spacing)	0	1	0

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.

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

Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			28

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 15. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	1	1	1
Overbite in mm	1	1	1
Mandibular Protrusion in mm	1	5	5
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: n/a Mandible: n/a	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	4	1	4
Posterior Unilateral Crossbite	1	Flat score of 4	4
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			15

Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on 07/01/2021.

At hearing, Dr. Kaplan completed an HLD form based on a careful review of the X-rays and photographs. He determined that the appellant's overall HLD score was 17. Dr. Kaplan's HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
Overbite in mm	2	1	2
Mandibular Protrusion in mm	1	5	5
Open Bite in mm	0	4	0

Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: n/a Mandible: n/a	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	4	1	4
Posterior Unilateral Crossbite	1	Flat score of 4	4
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			17

Dr. Kaplan testified that the main differences between the appellant's provider's score and his is the scoring of the anterior crowding and ectopic eruptions. He explained that the appellant's adult dentition has not completely erupted in the photos and X-ray. He stated that he can only score what can be observed. Because not all the anterior adult dentition has erupted, there can be no score for anterior crowding and likewise, no score for ectopic eruptions. However, Dr. Kaplan was able to score 4 points for a labio-lingual spread (the number of millimeters it would take to bring the worst tooth out of alignment back into line), he observed a posterior unilateral crossbite (4 points) and he scored 5 points for a mandibular protrusion. His final HLD score was 17. Dr. Kaplan concluded that without a score of at least 22, an auto-qualifier or other evidence of medical necessity, MassHealth cannot approve comprehensive orthodontic treatment in this case.

The appellant's mother testified that she is not medically knowledgeable, but as a mom, she is struggling because the appellant's mouth is painful. One of the appellant's front teeth is turned in and it scrapes her tongue. The mother also stated that the appellant has a speech impediment and that, as a first-grader, she is having a hard time with her phonetic sounds. The mother does not want the appellant to have a speech impediment and it hurts her because she cannot afford to pay for braces on her own.

The DentaQuest orthodontist suggested that the mother have the appellant re-examined again in six months when more of her adult dentition has erupted.

Findings of Fact

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

1. On 06/16/2021, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth (Exhibit 4).
2. The provider completed a Handicapping Labio-Lingual Deviations Form for the

appellant and calculated an overall score of 28 (Exhibit 4).

3. The provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (Exhibit 4).
4. The provider did not include a medical necessity narrative with the prior authorization request (Exhibit 4).
5. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 15 (Exhibit 4).
6. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more (Testimony).
7. On 07/01/2021, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
8. On 08/19/2021, the appellant filed a timely appeal of the denial (Exhibit 2).
9. At hearing on 10/04/2021, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and X-rays and found an HLD score of 17 (Testimony).
10. The appellant's HLD score is below 22.
11. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (cleft palate, severe maxillary anterior crowding greater than 8 mm, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, or reverse overjet greater than 3.5 mm).

Analysis and Conclusions of Law

130 CMR 420.431(C) states, in relevant part, as follows:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime under the age of 21 and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on the clinical standards for medical necessity as described in Appendix D of the Dental Manual.

Appendix D of the Dental Manual is the “Handicapping Labio-Lingual Deviations Form” (HLD), which is described as a quantitative, objective method for measuring malocclusion. The HLD index provides a single score, based on a series of measurements that represent the degree to which a case deviates from normal alignment and occlusion. MassHealth has determined that a score of 22 or higher signifies a severe and handicapping malocclusion. MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of a cleft palate, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, or severe maxillary anterior crowding, greater than 8 mm.

The appellant’s provider found an overall HLD score of 28. After reviewing the provider’s submission, MassHealth found an HLD score of 15. Upon review of the prior authorization documents, at hearing a different orthodontic consultant found an HLD score of 17.

The main difference between the appellant’s provider’s score and that of Dr. Kaplan’s are the scores for anterior crowding and ectopic eruptions. The appellant’s orthodontic provider scored 10 points for anterior crowding on both arches (maxillary and mandibular) and an additional 12 points for 4 instances of ectopic eruptions. Dr. Kaplan, citing to the absence of much of the appellant’s adult dentition, stated that all the anterior teeth have not erupted. He could not score teeth that he could not observe because they have not yet erupted. As a result, he could not score any points for anterior crowding or for ectopic eruptions. As a result, the appellant’s provider score must be reduced by 22 points. Dr. Kaplan was able to find additional points in the areas of mandibular protrusion (5 points), labio-lingual spread (4 points) and a posterior unilateral crossbite (4 points), arriving at a score of 17. Dr. Kaplan, a licensed orthodontist, demonstrated a familiarity with the HLD Index. His measurements are credible and his determination of the overall HLD score is consistent with the evidence. Moreover, he was available to be questioned by the hearing officer and cross-examined by the appellant’s representative.

The appellant’s mother did not address measurements; she asserted that the appellant may have a speech impediment. However, the mother was unable to draw a connection between the appellant’s dentition/malocclusion and the speech impediment. Further, there is no evidence in the hearing record that the appellant has a diagnosis of a speech impediment. Accordingly, MassHealth’s testimony is given greater weight. As the appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines, MassHealth was correct in determining that she does not have a severe and handicapping malocclusion. Accordingly, 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA