

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2178009
Decision Date:	01/26/2022	Hearing Date:	November 29, 2021
Hearing Officer:	Brook Padgett	Record Open:	December 29, 2021

Appellant Representative:




MassHealth Representative:

Dr. Harold Kaplan, DMD



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 420.431
Decision Date:	01/26/2022	Hearing Date:	November 29, 2021
MassHealth Rep.:	Dr. Kaplan	Appellant Rep.:	
Hearing Location:	Quincy		

Authority

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

Jurisdiction

The Appellant received a notice dated May 28, 2021 stating: MassHealth has denied your request for prior authorization of comprehensive orthodontic treatment. (Exhibit 1).

The Appellant filed a timely appeal on October 20, 2021. (130 CMR 610.015(B); Exhibit 2).¹

Denial of a request for prior approval is a valid basis for appeal. (130 CMR 610.032).

Action Taken by MassHealth

The Appellant's request for prior authorization of comprehensive orthodontic treatment was denied.

Issue

Is the Appellant eligible for comprehensive orthodontic treatment?

¹ The appeal was deemed timely as the timeline to file an appeal to a MassHealth action was extended from the 30-day time limit to 120 days due to the COVID.

Summary of Evidence

A MassHealth orthodontic consultant testified that on May 24, 2021 the Appellant requested prior authorization for comprehensive orthodontic treatment. He stated that the Appellant's request was considered after review of the oral photographs and written information submitted by the Appellant's orthodontic provider. This information was applied to a standardized Handicapping Labio-Lingual Deviations (HLD) Index that uses objective measurements taken from the subject's teeth to generate an overall numeric score. The consultant stated that MassHealth only provides coverage for comprehensive orthodontic treatment when there is a severe and handicapping malocclusion which is typically reflected with a minimum HLD score of 22 and DentaQuest determined the Appellant scored a 10 on the index. The MassHealth consultant testified the Appellant's orthodontic provider, scored the Appellant an overall HLD Index score of 30 on the prior authorization request. The consultant reviewed the documentation and calculated a HLD score of 16. The consultant orthodontist testified the major discrepancy is the Appellant's orthodontist scored a 10 for Anterior Crowding, 5 in the lower arch and 5 in the upper arch. The consultant stated when measuring for crowding your need to demonstrate that crowding exceeds 3.5 in each arc. And there is no evidence the Appellant has 3.5 millimeters of crowding in the upper arch. In addition, the Appellant's orthodontist scored a 5 for Mandibular Protrusion. The consultant stated there is no evidence the Appellant has met this criterion. The consultant maintained the Appellant had some minor scoring discrepancies with Overjet (Appellant's provider 5, DentaQuest 4 and consultant 4), Overbite (Appellant's provider 5, DentaQuest 3 and consultant 4), Labio-Lingual Spread (Appellant's provider 5, DentaQuest 3 and consultant 3). The consultant testified that based on the evidence submitted the Appellant had an overall score of 16 which is not a severe and handicapping malocclusion, and the request remained a denial. MassHealth submitted into evidence: HLD MassHealth Form and the HLD Index and score sheet. (Exhibit 4).

The Appellant's grandmother testified to dissatisfaction with the determination and stated the Appellant needs braces and the orthodontists has confirmed that with his score.

The MassHealth consultant suggested the Appellant's representative submit additional evidence from her provider explaining her methodology in determining her scoring.

At the Appellant's request the record remain open until December 29, 2021 to submit additional information from the Provider to explain her calculation. (Exhibit 5).

The Appellant failed to submit any additional evidence within the required time limits. (Exhibit 6).

Findings of Fact

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

1. On May 24, 2021, the Appellant's dental provider requested prior authorization for comprehensive orthodontic treatment. (Exhibit 4).
2. On May 28, 2021, MassHealth denied the Appellant's prior authorization request. (Exhibit 1).
3. MassHealth provides coverage for comprehensive orthodontic treatment only when there is evidence of a severe and handicapping malocclusion. (Testimony).
4. MassHealth employs a system of comparative measurements known as the HLD Index which requires a score of 22 or higher to denote a severe and handicapping malocclusion. (Testimony).
5. The Appellant's dental provider determined that the Appellant has a HLD Index score of 30. (Exhibit 4).
6. DentaQuest reviewed the submitted documentation at the time the prior authorization request and determined the Appellant had a HLD Index score of 10. (Exhibit 4).
7. The MassHealth consultant reviewed the submission and calculated a HLD score of 16. (Exhibit 4).

Analysis and Conclusions of Law

When requesting prior authorization for orthodontic treatment, a provider must submit, among other things, a completed HLD Index recording form with the results of the clinical standards described in Appendix D of the *Dental Manual* (See 130 CMR 420.413(E)(1)). The minimum HLD index score of 22 indicates a severe and handicapping malocclusion.² (See Exhibit 4). The Appellant's treating orthodontist calculated an overall HLD Index score of 30. The consultant at DentaQuest, after reviewing the oral photographs and other submitted documentation, calculated an overall HLD Index score of 10. The MassHealth orthodontic consultant also reviewed the submission and calculated a score of 16.

The scoring of the DentaQuest reviewer and the MassHealth orthodontist consultant, show a

² 130 CMR 420.431: Service Descriptions and Limitations: Orthodontic Services (E) Comprehensive Orthodontic Treatment. (1) The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age 21 per lifetime and only when the member has a severe and handicapping malocclusion. The MassHealth agency determines whether a malocclusion is severe, and handicapping based on the clinical standards described in Appendix D of the *Dental Manual*. The permanent dentition must be reasonably complete (usually by age 11). Payment covers a maximum period of two and one-half years of orthodontic treatment visits. Upon the completion of orthodontic treatment, the provider must take photographic prints and maintain them in the member's dental record.

divergence from the HLD scoring submitted by the Appellant's provider. The Appellant's orthodontist scored a 10 for Anterior Crowding scoring (5 for the lower arch and 5 for the upper arch). Further, the Appellant's orthodontists scored a 5 for Mandibular Protrusion and the DentaQuest consultant and the MassHealth representative scored 0; in addition, there were additional scoring discrepancies regarding Overjet, Overbite, and Labio-Lingual Spread. Due to this discrepancy the record was extended for the Appellant's Provider to explain her methodology and validate her measurements and scoring. Despite being given additional time to provide additional verification of the Provider scoring no additional information was submitted.

Neither MassHealth nor the consultant found the Appellant to have an HLD Index score of greater than 22 indicating a severe and handicapping malocclusion. While the Appellant's dental condition may benefit from orthodontic treatment, the requirements of 130 CMR 420.431(E) is clear and unambiguous, MassHealth will cover orthodontic treatment "only" for members who have a "severe and handicapping malocclusion" in this instance two of the three reviewing orthodontists have determined the Appellant has not met the require score necessary for prior authorization of MassHealth services.

In the present case there is insufficient evidence presented that the Appellant's request for orthodontic care is severe and handicapping or meets any other criteria to be medically necessary and therefore the Appellant has failed to meet the standard to establish eligibility at this time and 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: DentaQuest, PO Box 9708, Boston, MA 02116-9708