

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2200009
Decision Date:	02/10/2022	Hearing Date:	2/2/2022
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Carl Perlmutter



*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:	Approved	Issue:	Prior authorization – orthodontia
Decision Date:	02/10/2022	Hearing Date:	2/2/2022
MassHealth’s Rep.:	Dr. Perlmutter	Appellant’s Rep.:	██████
Hearing Location:	Quincy (remote)	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

By notice dated October 26, 2021, MassHealth denied Appellant's prior authorization request for comprehensive orthodontic treatment. Exhibit 1. Appellant filed this appeal in a timely manner on January 2, 2022. Exhibit 2. 130 CMR 610.015(B). Challenging the denial of a request for assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431(E), in determining that Appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

Appellant, a minor under the age of 21, was represented at hearing by a parent. The MassHealth representative, a licensed orthodontist, appeared for MassHealth on behalf of DentaQuest. DentaQuest is the third-party contractor that administers and manages the dental program available to MassHealth members. Below is a summary of each party’s testimony and the information

submitted for hearing.

Appellant's orthodontic provider ("the provider") submitted a request for prior authorization of comprehensive orthodontic treatment on behalf of Appellant. The provider completed an Orthodontics Prior Authorization Form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) Form and submitted these documents with supporting photographs and x-rays to DentaQuest. Exhibit 4.

MassHealth will only provide coverage for comprehensive orthodontic treatment for members who have a "severe and handicapping" malocclusion as provided by regulation. A severe and handicapping malocclusion 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 one of a group of exceptional or handicapping dental conditions.¹ If such a handicapping condition exists, as explained in both the MassHealth Dental Manual and the HLD Forms within Exhibit 4, this creates an alternative and independent basis for approval of the prior authorization request for comprehensive orthodontics, regardless of the actual HLD score. Alternatively, a provider can submit a narrative and supporting documentation detailing how comprehensive orthodontic treatment is medically necessary.

The provider submitted documents which did not show an HLD score but indicated that Appellant has two autoqualifying conditions: overjet greater than 9 millimeters (mm) and crowding greater than 10 mm. The provider did not document a specific measurement of overjet or which arch had more than 10 mm of crowding. The provider declined to submit a medical necessity narrative. Exhibit 4 at 8-9.

When DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, its orthodontists did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment and determined that the appellant has an HLD score of 14. *Id.* at 13. The DentaQuest HLD Form reflects the following scores:

¹ Per Exhibit 4, MassHealth will approve a prior authorization request for comprehensive orthodontics, regardless of whether the HLD score is 22 or more, if there is evidence of any one of the following exceptional or handicapping conditions: (1) cleft lip, cleft palate, or other cranio-facial anomaly; (2) impinging overbite with evidence of occlusal contact into the opposing soft tissue; (3) impactions where eruption is impeded but extraction is not indicated (excluding third molars); (4) severe traumatic deviations – this refers to accidents affecting the face and jaw rather than congenital deformity. Do not include traumatic occlusions or crossbites; (5) overjet greater than 9 millimeters (mm); (6) reverse overjet greater than 3.5 mm; (7) crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars). Includes the normal complement of teeth; (8) spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars). Includes the normal complement of teeth; (9) anterior crossbite of 3 or more maxillary teeth per arch; (10) posterior crossbite of 3 or more maxillary teeth per arch; (11) two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; (12) lateral open bite: 2 mm or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm or more, of 4 or more teeth per arch.

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
Overbite in mm	2	1	2
Mandibular Protrusion in mm	0	5	0
Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding – if crowding exceeds 3.5mm in each arch, score each arch. ²	Maxilla: Mandible: x	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
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			14

Having found an HLD score below the threshold of 22, no autoqualifying conditions, and no medical necessity, MassHealth denied Appellant's prior authorization request. Exhibit 1.

At hearing, the MassHealth representative testified that based on review of the x-rays and photographs, he did not find sufficient points for approval and did not observe either autoqualifying condition identified by the provider. The MassHealth representative testified that a measurement tool was provided with the x-ray. Using the measurement tool, the MassHealth representative found "seven, maybe eight" millimeters of overjet, less than the 9 mm required for automatic approval. The MassHealth representative also testified, when asked how much crowding there was on the top and bottom arch, that there was "half" of the 10 mm of crowding on each arch to warrant automatic approval. The MassHealth representative testified that he calculated the HLD score as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	5	1	5
Overbite in mm	2	1	2
Mandibular Protrusion in mm	0	5	0
Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	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.

Anterior Crowding – if crowding exceeds 3.5mm in each arch, score each arch.	Maxilla: Mandible: x	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
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			15

Appellant's parent argued that Appellant clearly has a significant overjet and crowding on both the top and bottom arches. Appellant's parent has applied twice for braces and has been denied twice, both times being told that the regulations have changed. Appellant has difficulty and pain with eating and has trouble sleeping because she cannot close her mouth.

Findings of Fact

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

1. The provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form, photographs and x-rays. Exhibit 4.
2. The provider did not calculate an HLD score and declined to submit a medical necessity narrative. *Id.* at 8-9.
3. The provider indicated that Appellant had two autoqualifying conditions: overjet greater than 9 mm and crowding greater than 10 mm. The provider did not document a specific measurement of overjet or indicate which arch had more than 10 millimeters of crowding. *Id.* at 9.
4. On October 26, 2021, MassHealth denied Appellant's prior authorization request, as DentaQuest found an HLD score of 14. Exhibit 1, Exhibit 4 at 13.
5. Appellant timely appealed the denial to the Board of Hearings. Exhibit 2.
6. The MassHealth representative testified to finding an HLD score of 15 with no exceptional handicapping dental condition.
7. The MassHealth representative testified that a measurement tool was provided with the x-ray. Using the measurement tool, the MassHealth representative found "seven, maybe eight" millimeters of overjet. The MassHealth representative also testified, when asked how much

crowding there was on the top and bottom arch, that there was “half” of the 10 mm of crowding on each arch to warrant automatic approval.

Analysis and Conclusions of Law

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.³ Specifically, 130 CMR 420.431(E)(1) states, in relevant part:

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*.

Per Appendix D of the MassHealth *Dental Manual*. MassHealth approves prior-authorization requests for comprehensive orthodontic treatment when

- (1) the member has one of the “autoqualifying” conditions described by MassHealth in the Handicapping Labio-Lingual Deviations (HLD) Form;
- (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.

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. The HLD allows for the identification of certain autoqualifying conditions and provides a single score, based on a series of measurements, which represent the presence, absence, and degree of handicap. MassHealth will authorize treatment for cases with verified autoqualifiers or verified scores of 22 and above.

Appellant’s provider did not provide an HLD score, but instead indicated that Appellant had two automatically qualifying conditions: overjet greater than 9 mm and crowding greater than 10 mm. However, the provider did not document a specific measurement of overjet or indicate which arch had more than 10 mm of crowding. MassHealth’s sworn testimony was that there was, at most, 8 mm of overjet and 5 mm of crowding on each arch. The evidence at hearing does not support that Appellant has autoqualifying conditions.

However, regarding the HLD score, MassHealth offered conflicting information. MassHealth’s HLD score of 15 was based on finding, at most, 5 mm of overjet. However, MassHealth offered

³ The Dental Manual is available in MassHealth’s Provider Library, on its website.

conflicting testimony in the hearing that there was possibly 8 mm of overjet. Additionally, MassHealth only scored 5 points for mandibular crowding, but testified that there was possibly 5 mm of crowding on the upper arch as well. The HLD form instructs that both arches should receive 5 points if crowding exceeds 3.5mm.

Relying on the numbers offered by MassHealth, Appellant's score for overjet would increase from 5 to 8 and her score for crowding would increase from 5 to 10, as such:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	8	1	8
Overbite in mm	2	1	2
Mandibular Protrusion in mm	0	5	0
Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding – if crowding exceeds 3.5mm in each arch, score each arch.	Maxilla: x Mandible: x	Flat score of 5 for each	10
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
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			23

As the record supports a finding that Appellant has an HLD score of 23, this appeal is approved.

Order for MassHealth

Rescind the October 26, 2021 denial and approve Appellant for the requested comprehensive orthodontic treatment (prior authorization number 202130000013700).

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Cynthia Kopka
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 2, MA