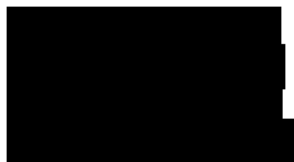


Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2203065
Decision Date:	6/14/2022	Hearing Date:	05/25/2022
Hearing Officer:	Rebecca Brochstein		

Appearances for Appellant:

 Appellant's Mother

Appearances for MassHealth:

Dr. Harold Kaplan



*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:	Prior Approval for Orthodonture
Decision Date:	6/14/2022	Hearing Date:	05/25/2022
MassHealth Rep.:	Dr. Harold Kaplan	Appellant Rep.:	Appellant's Mother
Hearing Location:	Board of Hearings (Remote)		

Authority

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

Jurisdiction

Through a notice dated April 6, 2022, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). The appellant filed a timely appeal on April 22, 2022 (130 CMR 610.015(B); Exhibit 2). Denial of a request for prior approval is a valid basis for appeal (130 CMR 610.032).

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(C), in determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

MassHealth was represented at hearing by Dr. Harold Kaplan, an orthodontic consultant from DentaQuest, the MassHealth dental contractor. The evidence indicates that the appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, together with X-rays and photographs, on April 4, 2022. As required, the provider completed the Handicapping Labio-Lingual Deviations (HLD) Form, which requires a total score of 22 or higher for approval.¹ However, the provider did not include a score on his HLD Form, but rather indicated that the appellant is eligible for automatic approval because he has an impinging overbite. See Exhibit 4.

Dr. Kaplan testified that when DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, a consulting orthodontist determined that the appellant had an HLD score of 15. The DentaQuest HLD Form reflects the following findings:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	7	1	7
Overbite in mm	5	1	5
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	Maxilla: No Mandible: No	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
Posterior Unilateral Crossbite	n/a	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			15

Because it found an HLD score below the threshold of 22 – and also found that the appellant did not have an impinging overbite – MassHealth denied the appellant's prior authorization request on April 6, 2022. See Exhibit 1.

¹ The form also includes space for providers to indicate whether, regardless of score, a patient has one of the thirteen conditions (described below) that would result in automatic approval, and/or to provide a narrative to explain why orthodontic treatment is otherwise medically necessary. The provider in this case alleged the presence of an auto-qualifying condition but did not complete a medical necessity narrative. See Exhibit 4.

In preparation for hearing on May 25, 2022, Dr. Kaplan completed an HLD Form based on a review of the records. He found that the appellant had an HLD score of 19, calculated as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	7	1	7
Overbite in mm	6	1	6
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	Maxilla: No Mandible: No	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	6	1	6
Posterior Unilateral Crossbite	n/a	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			19

He testified that an impinging overbite would be found when the edges of the lower front teeth cause cuts or ulcerations to the palate behind the upper front teeth. He stated that while the appellant's bite is deep, the photographs show no pathological changes behind the upper front teeth at all.

The appellant's mother, who appeared telephonically, testified that the appellant's dentist told her the appellant has a severe overbite and overjet. She stated that these issues cause him to bite his lips and that she should have it corrected now before it gets worse. The mother testified that the appellant cannot close his mouth because of his teeth. She pointed out that Dr. Kaplan's score is only three points below the threshold score of 22, and argued that he should have the treatment he needs.

Findings of Fact

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

1. On April 4, 2022, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth.
2. The provider completed a Handicapping Labio-Lingual Deviations (HLD) Form for the appellant. The provider did not include an HLD score, but rather indicated that the appellant has an impinging overbite (which would result in automatic approval under the

HLD guidelines).

3. When DentaQuest initially evaluated the prior authorization request on behalf of MassHealth, an orthodontic consultant determined that the appellant had an HLD score of 15. The consultant found that the appellant did not have an impinging overbite.
4. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more.
5. On April 6, 2022, MassHealth notified the appellant that the prior authorization request had been denied.
6. On April 22, 2022, the appellant filed a timely appeal of the denial.
7. In preparation for hearing on May 25, 2022, a MassHealth orthodontic consultant reviewed the provider's paperwork, finding an HLD score of 19. He found that the appellant did not have an impinging overbite.
8. The appellant's HLD score is below 22.
9. The appellant's overbite is not impinging, as there is no evidence of occlusal contact into the palatal tissue behind the upper front teeth.
10. The appellant does not have any of the other conditions that warrant automatic approval of comprehensive orthodontic treatment (cleft lip, cleft palate, or other cranio-facial anomaly; impactions where eruption is impeded but extraction is not indicated, excluding third molars; severe traumatic deviations; overjet greater than 9 mm; reverse overjet greater than 3.5 mm, crowding of 10 mm or more in either the maxillary or mandibular arch, excluding third molars; spacing of 10 mm or more, in either the maxillary or mandibular arch, excluding third molars; anterior crossbite of 3 or more maxillary teeth per arch; posterior crossbite of 3 or more maxillary teeth per arch; two or more congenitally missing teeth, excluding third molars, of at least one tooth per quadrant; lateral open bite of 2 mm or more, of 4 or more teeth per arch; and anterior open bite of 2 mm or more, of 4 or more teeth per arch).
11. The appellant has not established that the service is otherwise medically necessary based on a severe deviation affecting the patient's mouth and/or underlying dentofacial structures; a diagnosed mental, emotional, or behavioral condition caused by the patient's malocclusion; a diagnosed nutritional deficiency and/or a substantiated inability to eat or chew caused by the patient's malocclusion; a diagnosed speech or language pathology caused by the patient's malocclusion; or a condition in which the overall severity or impact of the patient's malocclusion is not otherwise apparent.

Analysis and Conclusions of Law

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

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*.

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, in two other circumstances: First, MassHealth will approve a request if there is evidence of a cleft lip, cleft palate, or other cranio-facial anomaly; impinging overbite with evidence of occlusal contact into the opposing soft tissue; impactions where eruption is impeded but extraction is not indicated, excluding third molars; severe traumatic deviations; overjet greater than 9 mm; reverse overjet greater than 3.5 mm, crowding of 10 mm or more in either the maxillary or mandibular arch, excluding third molars; spacing of 10 mm or more, in either the maxillary or mandibular arch, excluding third molars; anterior crossbite of 3 or more maxillary teeth per arch; posterior crossbite of 3 or more maxillary teeth per arch; two or more congenitally missing teeth, excluding third molars, of at least one tooth per quadrant; lateral open bite of 2 mm or more, of 4 or more teeth per arch; and anterior open bite of 2 mm or more, of 4 or more teeth per arch.

Second, providers may establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative that establishes that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate one of the following:

- A severe deviation affecting the patient’s mouth and/or underlying dentofacial structures;
- A diagnosed mental, emotional, or behavioral condition caused by the patient’s malocclusion;
- A diagnosed nutritional deficiency and/or a substantiated inability to eat or chew caused by the patient’s malocclusion;
- A diagnosed speech or language pathology caused by the patient’s malocclusion;
- or
- A condition in which the overall severity or impact of the patient’s malocclusion is not otherwise apparent.

The medical necessity narrative must clearly demonstrate why comprehensive orthodontic treatment is medically necessary for the patient. If any part of the requesting provider's justification of medical necessity involves a mental, emotional, or behavioral condition; a nutritional deficiency; a speech or language pathology; or the presence of any other condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, then the narrative and any attached documentation must:

- clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g., general dentist, oral surgeon, physician, clinical psychologist, clinical dietitian, speech therapist);
- describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment;
- state the specific diagnosis or other opinion of the patient's condition furnished by the identified clinician(s);
- document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made);
- discuss any treatments for the patient's condition (other than comprehensive orthodontic treatment) considered or attempted by the clinician(s); and provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of comprehensive orthodontic treatment.

In this case, the appellant's provider did not offer a score on the HLD Form, but rather indicated that the appellant should be approved for treatment automatically because he has an impinging overbite. After reviewing the provider's submission, MassHealth found that the appellant does not have an impinging overbite, and calculated an HLD score of 15. Upon review of the prior authorization documents, a different orthodontic consultant for MassHealth determined the HLD score was 19, and agreed that the appellant does not have an impinging overbite.

There is no dispute that the appellant's HLD score is below the threshold qualifying score of 22. I also agree with MassHealth that, contrary to the provider's HLD findings, the appellant does not have an impinging overbite. The photographs show that the gum tissue behind the upper front teeth is intact, with no evidence of occlusal contact. Nor is there evidence that he has any of the other conditions that result in automatic approval without regard for the HLD numerical score. Further, the provider did not allege, nor did MassHealth find, that treatment is otherwise medically necessary as set forth in Appendix D of the Dental Manual. As such, the appellant has not demonstrated that he meets the MassHealth criteria for approval of comprehensive orthodontic treatment. MassHealth's denial of the prior authorization request was proper.

This appeal is therefore 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.

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: DentaQuest