

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2203796
<b>Decision Date:</b>	7/7/2022	<b>Hearing Date:</b>	06/27/2022
<b>Hearing Officer:</b>	Sara E. McGrath		

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization for Orthodonture
<b>Decision Date:</b>	7/7/2022	<b>Hearing Date:</b>	06/27/2022
<b>MassHealth Rep.:</b>	Dr. Harold Kaplan	<b>Appellant Rep.:</b>	Appellant's Mother
<b>Hearing Location:</b>	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 5, 2022, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). The appellant filed a timely appeal on May 16, 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.<sup>1</sup> The provider's HLD Form indicates a total score of 19, as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	4	1	4
Mandibular Protrusion in mm	1	5	5
Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding <sup>2</sup>	Maxilla: Mandible:	Flat score of 5 for each <sup>3</sup>	5
Labio-Lingual Spread, in mm (anterior spacing)	2	1	2
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
<b>Total HLD Score</b>			<b>19</b>

The appellant's provider also indicated that the appellant is eligible for automatic approval because he has an impinging overbite (Exhibit 3).

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

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<sup>1</sup> 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 (Exhibit 3).

<sup>2</sup> 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.

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

19. The DentaQuest HLD Form reflects the following findings:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
Overbite in mm	5	1	5
Mandibular Protrusion in mm	1	5	5
Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: No Mandible: Yes	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	2	1	2
Posterior Unilateral Crossbite	n/a	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth	0	3	0
<b>Total HLD Score</b>			<b>19</b>

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 5, 2022 (Exhibit 1).

In preparation for hearing on June 27, 2022, Dr. Kaplan completed an HLD Form based on a review of the records. He found that the appellant had an HLD score of 20, calculated as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	5	1	5
Mandibular Protrusion in mm	1	5	5
Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: No Mandible: Yes	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	2	1	2
Posterior Unilateral Crossbite	n/a	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth	0	3	0

<b>Total HLD Score</b>			<b>20</b>
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He testified that an impinging overbite would be found when the edges of the lower front teeth cause marks or indentations 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 with the assistance of a Spanish interpreter, and explained that the appellant's orthodontist told her the appellant needs treatment. She stated that her son is autistic and has self-esteem issues because of the way his teeth look. The mother testified that the appellant cannot close his mouth because of his teeth.

### **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, finding an overall score of 19. The provider also indicated that the appellant has an impinging overbite (which would result in automatic approval under the HLD guidelines).
3. The provider did not provide a narrative to explain why orthodontic treatment is otherwise medically necessary.
4. When DentaQuest initially evaluated the prior authorization request on behalf of MassHealth, an orthodontic consultant determined that the appellant had an HLD score of 19. DentaQuest also found that the appellant did not have an impinging overbite.
5. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more.
6. On April 5, 2022, MassHealth notified the appellant that the prior authorization request had been denied.
7. On May 16, 2022, the appellant filed a timely appeal of the denial.
8. In preparation for hearing on June 27, 2022, a MassHealth orthodontic consultant reviewed the provider's paperwork, finding an HLD score of 20. He found that the appellant did not have an impinging overbite.
9. The appellant's HLD score is below 22.

10. The appellant's overbite is not impinging, as there is no evidence of occlusal contact into the palatal tissue behind the upper front teeth.
11. 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).
12. 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 found an overall HLD score of 19, and also indicated that the appellant should be approved for treatment automatically because he has an impinging overbite. After reviewing the documents included with the provider's submission, MassHealth calculated a score of 19, and found that the appellant does not have an impinging overbite. Upon review of the prior authorization documents, a different orthodontic consultant for MassHealth determined the HLD score was 20, 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. Further, the record supports MassHealth's conclusion 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.

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Sara E. McGrath  
Hearing Officer  
Board of Hearings

cc: DentaQuest