

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

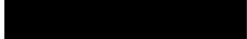
Appeal Number: 2204313

Decision Date: 8/2/2022

Hearing Date: 07/11/2022

Hearing Officer: Alexis Demirjian

Appearance for Appellant:

, Father

Appearance for MassHealth:

Dr. Harold Kaplan



*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:	8/2/2022	Hearing Date:	07/11/2022
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	[REDACTED]
Hearing Location:	Quincy Harbor South 2 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

Through a notice dated May 15, 2022, 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 June 8, 2022 (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).

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

Summary of Evidence

The appellant is a minor MassHealth member whose father appeared at hearing via telephone. MassHealth was represented at hearing by 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 May 12, 2022. 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 indicated that the appellant has an HLD score of 35, as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	0
Overbite in mm	0	1	0
Mandibular Protrusion in mm	3	5	15
Open Bite in mm	2	4	8
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: Mandible:	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)		1	12
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			35

The appellant's orthodontist did not identify any automatic qualifying condition, nor did he include a medical necessity narrative.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 18. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
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: 0 Mandible: 0	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	2	1	9
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	3	3	0
Total HLD Score			18

DentaQuest did not find an automatic qualifying condition. Because it found an HLD score below the threshold of 22 and no auto qualifier, MassHealth denied the appellant's prior authorization request on May 12, 2022.

At hearing, the MassHealth orthodontist testified he reviewed the documentary evidence supplied by the appellant's orthodontist and determined the appellant has an HLD score of 17.

The MassHealth orthodontist testified the evidence does not support a finding that there is an Anterior Open Bite of the incisor teeth, thus no points could be awarded for that condition.

Additionally, the MassHealth orthodontist testified that the appellant's is missing her lower left molar. As a result, MassHealth is unable to award the 10 points for Mandibular Protrusion on the left side. Without the 18 points from the Anterior Open Bite and the Mandibular Protrusion on the left side, the appellant does not have 22 HLD points necessary for MassHealth payment of the comprehensive orthodontic treatment. The MassHealth orthodontist also testified that there are no other automatic qualifying conditions. He concluded that the measurements based on the documentary evidence do not support an HLD score of 22. Therefore, MassHealth could not approve the appellant's request for comprehensive orthodontics.

The appellant's father testified that the appellant needs orthodontic treatment based on the recommendation of the appellant's treating orthodontist.

Findings of Fact

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

1. On May 12, 2022, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth. (*Exhibit 2*).
2. The provider completed a Handicapping Labio-Lingual Deviations Form for the appellant, calculated an HLD score of 35 points. He did not indicate that any automatic qualifying conditions exist. (*Exhibit 3*).
4. The provider did not include a medical necessity narrative with the prior authorization request. (*Exhibit 3*).
5. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 18 points, with no automatic qualifying condition. (*Exhibit 3*).
6. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more. (*Testimony*).
7. On May 15, 2022, MassHealth notified the appellant that the prior authorization request had been denied. (*Exhibits 1 and 3*).
8. On June 8, 2022, the appellant filed a timely appeal of the denial. (*Exhibit 2*).
9. At hearing on July 11, 2022, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and X-rays and found an HLD score of 17. (*Testimony*).
10. The appellant does not have an Anterior Open Bite of the incisor teeth. (*Testimony, Exhibit 3*).

11. The appellant is missing the lower right molar. (*Testimony, Exhibit 3*).
12. The appellant's HLD score is below 22.
13. 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.²

The regulations do not speak directly to what conditions qualify as “severe and handicapping” except to specifically cover “comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies to the extent treatment cannot be completed within three years.” (130 CMR 420.431(C)(3).)

When requesting prior authorization for comprehensive orthodontic treatment, the provider submits, among other things, a completed HLD Index recording form which documents the results of applying the clinical standards described in Appendix D of the Dental Manual. In order for MassHealth to pay for orthodontic treatment, the appellant's malocclusion must be severe and handicapping as indicated by an automatic qualifier on the HLD index or a minimum HLD index score of 22.

The HLD Form is a quantitative and objective method for measuring malocclusions. It is used to add up a single score based on a series of measurements that represent the degree to which a bite deviates from normal alignment and occlusion. MassHealth has made a policy decision that a score of 22 or higher signifies a “severe and handicapping malocclusion,” ostensibly a medical necessity for orthodontia. Certain exceptional malocclusions are deemed automatically severe and handicapping: cleft palate, deep impinging overbite, severe maxillary anterior crowding, anterior impaction, severe traumatic deviation, overjet greater than nine millimeters, or reverse overjet greater than 3.5 millimeters.

² The Dental Manual and Appendix D are available on MassHealth's website, in the MassHealth Provider Library. (Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>, last visited June 2, 2022.) Additional guidance is at the MassHealth Dental Program Office Reference Manual (“ORM”), available at: [https://www.masshealth-dental.net/MassHealth/media/ Docs/MassHealth-ORM.pdf](https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf). (Last visited August 1, 2022.)

The appellant's provider gave the appellant a HLD score of 35. After reviewing the provider's submission, MassHealth found an HLD score of 18 and no automatic qualifying condition. Upon review of the prior authorization documents, at hearing a different orthodontic consultant found an HLD score of 17 and no automatic qualifying condition.

The MassHealth orthodontist testified that one reason for the differences between his score and that of the appellant's provider related to the HLD category of Anterior Open Bite. The instructions for scoring this condition state:

Anterior Open Bite in Millimeters: This condition is defined as absence of vertical overlap of a maxillary and mandibular permanent incisor. End to end or edge to edge permanent incisors do not count as an open bite. **Permanent canines are not scored.** To be counted, the entire maxillary incisal edge must not have any end-to-end contact with a mandibular incisor or any vertical overlap of the mandibular incisor. It is measured from the incisal edge of the permanent maxillary incisor to the nearest point of the incisal edge of the permanent mandibular incisor. This measurement is entered on the form and multiplied by 4". *See Appendix D of the Dental Manual p. D-6, Emphasis Added.*

The MassHealth orthodontist reviewed the records submitted with the pre-authorization and could find no evidence of an open bite of the incisor teeth. The MassHealth orthodontist noted that the appellant has an open bite with the upper left canine, but pursuant to the scoring instructions noted above permanent canine teeth are not to be included in the scoring for an Anterior Open Bite. The MassHealth orthodontist's testimony is supported by x-rays and photographs.

Additionally, the MassHealth orthodontist testified that another reason for the difference between his score and that of the appellant's orthodontist related to the mandibular protrusion, to score for a mandibular protrusion an orthodontist must "score exactly as measured from the buccal groove of the first mandibular molar to the MB cusp of the first maxillary molar." *See Appendix D of the Dental Manual.* The appellant's orthodontist gave the appellant 15 points for this condition.

The MassHealth orthodontist testified that a review of the documentary evidence supplied by the appellant's orthodontist indicated that the appellant was missing her lower right molar. The scoring instructions in Appendix D of the Dental Manual state, "Deciduous teeth and teeth not fully erupted should not be scored." *See Appendix D of the Dental Manual, p. D-5.*

Thus, MassHealth could not score 15 points for this condition since the appellant was missing her lower right molar and this condition should not have been scored on this side due to the missing tooth. The MassHealth orthodontist's score and testimony is supported by documentary evidence supplied by the appellant's provider.

The MassHealth 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 father testified credibly that the appellant would benefit from orthodonture; however, he was unable to show that the appellant met the requirements set out by MassHealth for approval for payment of the orthodonture. 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.

Alexis Demirjian
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA