

# Office of Medicaid BOARD OF HEARINGS

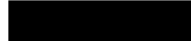
**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2204439
<b>Decision Date:</b>	7/28/2022	<b>Hearing Date:</b>	07/20/2022
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**

*Via telephone:*

, Mother

**Appearance for MassHealth:**

*Via telephone:*

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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization – Orthodontics
<b>Decision Date:</b>	7/28/2022	<b>Hearing Date:</b>	07/20/2022
<b>MassHealth’s Rep.:</b>	Dr. Harold Kaplan	<b>Appellant’s Rep.:</b>	Mother
<b>Hearing Location:</b>	Quincy Harbor South Remote	<b>Aid Pending:</b>	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 4, 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 13, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior approval is a valid basis for appeal (see 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, in determining that the appellant is ineligible for comprehensive orthodontic treatment.

## Summary of Evidence

The appellant is a minor MassHealth member whose mother appeared at hearing via telephone. MassHealth was represented at hearing via telephone by Dr. Harold Kaplan, 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 2, 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 did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The provider's HLD Form indicates that he found a total score of 18, broken down 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	0	5	0
Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding <sup>1</sup>	Maxilla: x Mandible: x	Flat score of 5 for each <sup>2</sup>	10
Labio-Lingual Spread, in mm (anterior spacing)	0	1	0
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>18</b>

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:

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<sup>1</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>2</sup> The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
Overbite in mm	6	1	6
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: n/a 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 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>18</b>

Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on May 4, 2022.

At hearing, Dr. Kaplan completed an HLD form based on a careful review of the x-rays and photographs. He determined that the appellant's overall HLD score was 20. Because the appellant's HLD score is below 22 and there were no autoqualifiers present, the appellant does not have a handicapping malocclusion and MassHealth will not pay for comprehensive orthodontic treatment at this time.

The appellant's mother responded that pursuant to the notice she received, "to qualify for braces, you must have a certain condition **or** reach a certain score on the test." She emphasized the "or" and argued that while her daughter does not have the necessary score, she has more than one of the conditions listed. The conditions listed on the notice include the following: "1) cleft palate, which is an opening in the roof of your mouth; 2) a deformity in the bone growth of the head or face; 3) severe crowding of your teeth; 4) an overbite where the bottom teeth bite into the roof of the mouth; 5) changes in your bite due to trauma or an infection in the bones of your face or jaw; 6) your teeth are in a position that will not let them come through the gums into the normal position without braces; or 7) your top or bottom teeth are too far forward or too far backward and do not line up correctly; 8) if 3 or more of your upper front or back teeth are in crossbite with your lower teeth; 9) if two or more of your permanent teeth never developed; 10) if 4 or more of your front or back teeth have open bite and don't bit together. She stated that her daughter has severe crowding, an overbite, teeth that are not in position to come through, and teeth that do not line up correctly.

Dr. Kaplan explained that those conditions are the automatic qualifiers he referred to earlier. Neither he, DentaQuest, nor her own orthodontist found any evidence of those autoqualifying conditions.

Severe crowding refers to the presence of 10mm or more of crowding in an arch. The appellant does not have that much crowding, although she did get points in the HLD form for the crowding that she does have. The condition of “an overbite where the bottom teeth bite into the roof of the mouth” is called a deep impinging overbite and it occurs when the lower front teeth bite into the gum tissue behind the upper front teeth. It is characterized by soft tissue damage such as ulcerations, cuts, and tissue tears to the upper palatal tissue. The appellant does not have an impinging overbite and there is no evidence of any soft tissue damage in her upper gums. Again, she got points for the overbite she does have, which is deep, but not impinging. As to teeth that are not in position to come through, which is referring to an impaction, there are none present at this time. He explained that, based on the x-rays, there is a good chance the appellant’s lower right second molar could be an impaction, but at this time it is too early to tell. MassHealth needs to see the actual condition for it to be considered present. Based on the tooth’s root development, it has not reached full eruption and it is too early to tell whether or not it will be impacted. The appellant’s mother also states that the teeth don’t line up correctly, which Dr. Kaplan explained is referring to a protrusion. The appellant does not have a protrusion which is determined based on the bite in the back of the mouth. The appellant’s bite in the back of her mouth is fine.

The appellant’s mother stated that those specifics, such as severe crowding being 10mm or more, are not listed in the notice and she feels the regulations are misleading.

The details are incorporated in the MassHealth regulations which refer to the standards specified in Appendix D of the Dental Manual. Appendix D includes the HLD form used by the appellant’s orthodontist, which incorporates both the score and the automatic qualifying conditions. Dr. Kaplan stated that while appellant’s bite would be improved with braces, it is not severe enough for MassHealth to pay for it at this time. He advised the appellant that she may be re-examined every six months and has until the age of 21 to be treated. Because the appellant’s HLD score is below 22 and there are no autoqualifying conditions present, the appellant does not have a handicapping malocclusion and MassHealth will not pay for comprehensive orthodontic treatment.

## **Findings of Fact**

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

1. On May 2, 2022, the appellant’s orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth (Exhibit 4).
2. The provider completed a Handicapping Labio-Lingual Deviations Form for the appellant and calculated an overall score of 18 (Exhibit 4).
3. The provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (Exhibit 4).
4. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 18 (Exhibit 4).

5. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more (Testimony).
6. On May 4, 2022, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
7. On June 13, 2022, the appellant filed a timely appeal of the denial (Exhibit 2).
8. At hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and x-rays and found an HLD score of 20 (Testimony).
9. The appellant's HLD score is below 22.
10. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (cleft palate, impinging overbite with evidence of occlusal contact into the opposing soft tissue, impaction where eruption is impeded but extraction is not indicated (excluding third molars), severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding of 10mm or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> molars), spacing of 10mm or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> 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 2mm or more of 4 or more teeth per arch, anterior open bite 2mm or more of 4 or more teeth per arch).

## Analysis and Conclusions of Law

130 CMR 420.431(C)(3) states, in relevant part, as follows:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime for a member younger than 21 years old and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping **based on clinical standards for medical necessity as described in Appendix D of the Dental Manual.**

(Emphasis added).

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 handicapping malocclusion. MassHealth will also approve a

prior authorization request, without regard for the HLD numerical score, if there is evidence of one of the following automatic qualifying conditions: cleft palate, impinging overbite with evidence of occlusal contact into the opposing soft tissue, impaction where eruption is impeded but extraction is not indicated (excluding third molars), severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding of 10mm or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> molars), spacing of 10mm or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> 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 2mm or more of 4 or more teeth per arch, anterior open bite 2mm or more of 4 or more teeth per arch.

The appellant's provider found an overall HLD score of 18. After reviewing the provider's submission, MassHealth found an HLD score of 18. Upon review of the prior authorization documents, at hearing Dr. Kaplan found an HLD score of 20. None of the orthodontists, including the appellant's own provider, found any evidence of any of the automatic qualifying conditions. While the appellant's mother believed that her daughter had some of the qualifying conditions, Dr. Kaplan clearly explained the specific criteria defined in Appendix D of the Dental Manual needed for those conditions to be present. Dr. Kaplan's measurements and testimony are credible and his determination of the overall HLD score and the lack of autoqualifiers is consistent with the evidence.

All three of the appellant's HLD scores fall below the necessary 22 points. The appellant also does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment.

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 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA