

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2206725
Decision Date:	11/29/2022	Hearing Date:	10/12/2022
Hearing Officer:	Rebecca Brochstein	Record Open Date:	10/28/2022

Appearances for Appellant:



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:	Approved	Issue:	Prior Approval for Orthodonture
Decision Date:	11/29/2022	Hearing Date:	10/12/2022
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 July 17, 2022, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). The appellant filed a timely appeal on September 7, 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 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 July 14, 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 The provider's HLD Form indicates a total score of 25, as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
Overbite in mm	10	1	10
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 ²	Maxilla: Yes Mandible: Yes	Flat score of 5 for each ³	10
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			25

The MassHealth representative testified that when DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 13. The DentaQuest HLD Form reflects the following scores:

¹ The form also includes space for providers to indicate whether, regardless of score, a patient has one of the 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 did not allege the presence of an auto-qualifying condition and did not complete a medical necessity narrative. See Exhibit 4.

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.

³ 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	1	1	1
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: Yes	Flat score of 5 for each	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
Total HLD Score			13

Because it found an HLD score below the threshold of 22, MassHealth denied the appellant's prior authorization request on July 17, 2022. See Exhibit 1.

In preparation for hearing, the MassHealth representative completed an HLD Form based on a review of the photographs and X-rays submitted by the provider with the PA request. He determined that the appellant's overall HLD score was 19, calculated below:

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
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)	4	1	4
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			19

The MassHealth representative testified that one of the differences between the provider's score and those of MassHealth is in the measurement of anterior crowding. While the provider recorded crowding in both the upper and lower front teeth (for ten points), MassHealth found the requisite amount of crowding in the lower arch but not in the upper (for only five points). The MassHealth representative testified that the crowding in the upper teeth is only "slight," less than the 3.5 mm that is necessary to allot points. In addition, MassHealth measured the overbite at far less than the 10 mm that the provider recorded. As MassHealth determined the total HLD score to be below 22, the MassHealth representative indicated that he could not reverse the denial.

The appellant was represented by her mother, who appeared at the hearing telephonically. She testified that the appellant complains of sensitivity in her lower front teeth, and has gone to the dentist multiple times to seek treatment. She has tried a number of different interventions, including Sensodyne toothpaste, fluoride mouthwash, and a mouth guard, but none has worked. The mother stated they believe the appellant's bite may be causing the problem, as her lower front teeth occlude with her upper teeth at the point of sensitivity. The mother noted that the appellant has an extra tooth that needs to be removed, but that this would not impact the contact point between her upper and lower front teeth.

In response, the MassHealth representative stated that he did not know if the appellant's bite is causing the sensitivity in her lower teeth, but that he had not heard of this problem before. He stated that his recommendation would be to have the extra upper tooth removed and then to submit a new prior authorization request.

The record was held open after hearing for the appellant to obtain additional documentation from her dental provider, and for MassHealth to review it. The appellant submitted documents from her dentist and orthodontist, as follows:

- Letter from orthodontist: "Patient's lack of overjet combined with deep impinging bite is causing traumatic occlusion on inferior incisors resulting in pain/discomfort. With orthodontic treatment the plan will be with reduce overbite and eliminate traumatic occlusion to relieve symptoms."
- Letter from dentist: "Patient . . . states she experiences sensitivity to cold air on anterior teeth. Patient has presented to our office on 11/5/2020, 5/25/2022, 9/29/2022 to discuss possible treatment options for this sensitivity. Patient's symptoms have not improved with improved oral hygiene and adding a fluoride mouthwash rinse to her routine. Patient's occlusion may be the source of the sensitivity she is experiencing." (Exhibit 6)

After reviewing the new information, the MassHealth representative responded as follows:

[Appellant] does have a deep overbite and she did receive points for it on her HLD score. The gingiva tissue on the roof of her mouth is healthy so I could not considered [sic] it a deep IMPINGING overbite. [Appellant's] panoramic radiograph does reveal a supernumerary tooth position subgingival and lingual to the Maxillary left central incisor.

This tooth should be removed before any orthodontic treatment is considered. It might be the cause of all [appellant's] teeth sensitivity. At this time unfortunately I still must UPHOLD the original denial. (Exhibit 7).

Findings of Fact

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

1. On July 14, 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 25.
3. The provider did not allege that the appellant has any of the thirteen conditions that would result in automatic approval, and 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, its orthodontists determined that the appellant had an HLD score of 13.
5. On July 17, 2022, MassHealth notified the appellant that the prior authorization request had been denied.
6. On September 7, 2022, the appellant filed a timely appeal of the denial.
7. In preparation for hearing on October 12, 2022, a MassHealth orthodontic consultant reviewed the provider's paperwork, finding an HLD score of 19.
8. The record was held open after hearing for additional information. The appellant submitted supplemental letters from her dentist and orthodontist.
9. The appellant has less than 3.5 mm of crowding in her upper anterior teeth.
10. The appellant's overbite is no more than 6 mm.
11. The appellant's HLD score is below the threshold score of 22.
12. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (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).

13. The appellant's deep overbite causes traumatic occlusion between her upper and lower incisors. The appellant has pain and discomfort in her lower teeth.
14. The appellant has established that the service is medically necessary based 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, subject to prior authorization, once per member per lifetime 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*.

Appendix D of the Dental Manual is the "MassHealth Handicapping Labio-Lingual Deviations Index" (HLD), which is described as a quantitative, objective method for measuring PA requests for comprehensive orthodontic treatment. The HLD allows for the identification of certain auto-qualifying conditions and provides a single score, based on a series of measurements, which represent the presence, absence, and degree of handicap. 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, in two other circumstances: First, MassHealth will approve a request if there is evidence of one or more auto-qualifying conditions: 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 25. After reviewing the documents included with the provider's submission, MassHealth calculated a score of 13. Upon review of the prior authorization documents, a different orthodontic consultant for MassHealth found the HLD score was 19.

After reviewing the evidence, I agree with MassHealth's determination that the HLD score is below 22. Though the provider allotted five points for upper anterior crowding, the photographs confirm MassHealth's finding that the crowding in that segment does not meet the minimum threshold of 3.5 mm. In addition, the provider overstated the measurement of the overbite at 10 mm; the photographs are more consistent with MassHealth's determination that the overbite does not exceed 6 mm. With these adjustments, the HLD score is below the minimum score of 22.

However, the appellant has provided supplemental information that indicates orthodontic treatment is warranted on the basis of medical necessity. A letter from the appellant's orthodontic provider states that the appellant's deep overbite causes traumatic occlusion between her upper and lower incisors, resulting in pain and discomfort in her lower teeth. The provider reported that other interventions have not been effective, and that orthodontic treatment will be used to reduce her overbite and eliminate the traumatic occlusion. The MassHealth representative indicated at hearing that he did not know if the appellant's bite is the cause of the sensitivity she feels in her lower teeth, but did not rule out the possibility. While the overbite measurement is part of the HLD assessment, the formula does not account for pain caused by traumatic occlusion between the upper and lower anterior teeth. On this record, the appellant has provided sufficient evidence that the impact of her condition is not reflected in the HLD score, and that orthodontic treatment is medically necessary.

This appeal is approved.

Order for MassHealth

Approve the prior authorization request dated July 14, 2022.

Implementation of this Decision

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

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: DentaQuest, PO Box 9708, Boston, MA 02114-9708