

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2301022

Decision Date: 3/24/2023

Hearing Date: 03/13/2023

Hearing Officer: Alexis Demirjian

Appearance for Appellant:



Appearance for MassHealth:

Dr. Harold Kaplan, DentaQuest Consultant



*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:	Prior Authorization
Decision Date:	3/24/2023	Hearing Date:	03/13/2023
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	[REDACTED]
Hearing Location:	Quincy Harbor South 2	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 October 23, 2022, MassHealth informed the Appellant that it denied his request for prior authorization for orthodontic treatment. (Exhibit 3). The Appellant filed this appeal in a timely manner on February 8, 2023 (see 130 CMR 610.015(B) and Exhibit 2¹). Denial of a request for prior approval of services is valid grounds for appeal before the Board of Hearings. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for comprehensive orthodontic treatment.

Issue

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.

Whether MassHealth correctly determined that the Appellant is not eligible for comprehensive orthodontic treatment pursuant to 130 CMR 420.431(C).

Summary of Evidence

The Appellant is a minor MassHealth member whose mother appeared at hearing via telephone. MassHealth was represented at hearing by an orthodontic consultant, from DentaQuest, the MassHealth dental contractor.

The MassHealth orthodontic consultant testified that the Appellant's provider requested prior authorization for comprehensive orthodontic treatment on October 20, 2022. (See Exhibit 4 and Testimony). The representative stated that MassHealth only provides coverage for comprehensive orthodontic treatment when there is a severe and handicapping malocclusion. (See Testimony).

The MassHealth orthodontic consultant testified that MassHealth utilizes the HLD Index to determine whether an individual's condition constitutes a severe and handicapping malocclusion. (Id.). The HLD Index includes a list of all the conditions that may exist in an individual's mouth and assigns points based on how the individual's dentition deviates from the norm, the greater the deviation the greater the score. (Id.). The HLD involves taking objective measurements from the subject's teeth to generate an overall numeric score, or criteria to find an auto-qualifying condition. A severe and handicapping malocclusion typically reflects a minimum cumulative score of 22. If certain criteria is met to substantiate an auto-qualifying condition MassHealth will approve comprehensive orthodontic treatment. (Id.). MassHealth submitted into evidence: HLD MassHealth Form, the HLD Index. (Exhibit 4).

The MassHealth orthodontic consultant testified that the Appellant's orthodontic provider submitted a prior authorization request on the Appellant's behalf based on an examination. (See Testimony and Exhibit 4). The Appellant's orthodontic provider submitted oral photographs, x-rays, and written information with the request for the prior authorization. (Id.)

The MassHealth orthodontic consultant testified that according to the prior authorization request, the Appellant's orthodontic provider did not provide scoring based on the HLD Index. (Id.). Instead, the provider instead indicated that the Appellant has were auto-qualifying conditions. (Id.). The two auto qualifying conditions identified by the Appellant's provider were Impinging Overbite and Overjet Greater than 9 mm. (Id.). The Appellant's provider did not include any additional "medical necessity" documentation with the request. (Id.).

The MassHealth orthodontic consultant testified that he reviewed the materials that were provided to MassHealth with the prior authorization request from the Appellant's provider. (See Testimony).

After reviewing the Appellant's photographs and X-rays, the MassHealth orthodontist consultant testified that his review did not support a finding that the Appellant had any auto qualifying condition, nor did the Appellant reach a score of 22 on the HLD index. (Id.).

The MassHealth orthodontic consultant testified the Dental Manual, Appendix D provides instructions for identifying auto qualifiers. To qualify under the auto qualifying condition of **Impinging Overbite**, there must be an impinging overbite of occlusal contact into the opposing soft tissue. The MassHealth orthodontic consultant testified that while the Appellant does have an overbite, the tissue is healthy and the lower incisor teeth are making tooth to tooth contact and not tissue as evidenced on the lateral X-Ray provided. Accordingly, the MassHealth orthodontic consultant testified that he could not find that the Appellant met the criteria for this auto-qualifying condition.

To qualify under the auto-qualifying condition of **Overjet Greater Than 9mm**: a patient must have measurement of greater than 9 mm in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor. The measurement can apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the form. The Massachusetts orthodontic consultant testified that he measured the Appellant's overjet and found a measurement of 7mm, therefore he could not find that the Appellant met the criteria for this auto qualifying condition.

Additionally, the MassHealth orthodontic consultant calculated an HLD score for the Appellant, and he found that the Appellant had a score of 14. Thus, the Appellant's HLD score did not meet the minimum threshold of 22 to denote that the malocclusion was severe and handicapping.

The MassHealth orthodontic consultant further testified that based on his review of the materials there was no evidence in the record to show that the Appellant met the established criteria for MassHealth to cover comprehensive orthodontic treatment. (Id.). Accordingly, the MassHealth orthodontic consultant upheld MassHealth's denial of the request for comprehensive orthodontic services. (Id.).

The Appellant's mother appeared by telephone and testified that the Appellant's orthodontist opined that the Appellant needs orthodontic treatment. (See Testimony).

Findings of Fact

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

1. The Appellant is under 21 years of age. (Testimony; Exhibit 4)
2. On October 20, 2022, the Appellant's orthodontic provider requested prior authorization for comprehensive orthodontic treatment. (Testimony; Exhibit 4)
3. On October 23, 2022, MassHealth denied the Appellant's prior authorization request. (Exhibit

- 3)
4. On February 8, 2023, a timely fair hearing request was filed on the Appellant's behalf. (Exhibit 3)
5. MassHealth provides coverage for comprehensive orthodontic treatment only when there is a severe and handicapping malocclusion.
6. MassHealth employs a system of comparative measurements known as the HLD Index as an objective determinant of a severe and handicapping malocclusion.
7. An automatic qualifying condition on the HLD Index is a severe and handicapping malocclusion.
8. An HLD Index score of 22 or higher denotes a severe and handicapping malocclusion.
9. The Appellant's orthodontic provider did not provide a score utilizing the HLD Index. (Testimony; Exhibit 4)
10. The Appellant's orthodontic provider alleged that the Appellant had two automatic qualifying conditions, Impinging Overbite and Overjet Greater than 9 mm. (Testimony; Exhibit 4)
11. The Appellant's orthodontic provider did not provide a medical necessity narrative with the prior authorization request. (Testimony; Exhibit 4)
12. Using measurements taken from the Appellant's oral photographs, X-rays, and other submitted materials, the MassHealth representative, a licensed orthodontist, determined that the Appellant did not have an HLD score of 22 or above or an automatic qualifying condition. (Testimony; Exhibit 4)
13. The MassHealth orthodontic consultant concluded that the Appellant does not have a severe and handicapping malocclusion. (Testimony)

Analysis and Conclusions of Law

Regulation 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.²

² The Dental Manual and Appendix D are available on MassHealth's website, in the MassHealth Provider Library.

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 lip, cleft palate, or other cranio-facial anomaly, impinging overbite with evidence of occlusal contact into the opposing soft tissue, impactions where eruptions are impeded but extraction is not indicated (excluding third molars), overjet (greater than 9mm), reverse overjet (greater than 3.5mm), crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars), spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd 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.

In this case, the Appellant's orthodontist did not calculate an HLD Index score for the Appellant, instead he indicated that the Appellant had two auto qualifying conditions, Impinging Overbite and Overjet Greater than 9mm. The MassHealth orthodontic consultant reviewed the documentation submitted and the scoring instructions in Appendix D of the Dental Manual. The MassHealth orthodontic consultant found that the objective evidence submitted by the Appellant's provider did not meet the criteria specified in Appendix D to qualify for either of these auto qualifying conditions. Additionally, the MassHealth orthodontic consultant reviewed the documentation submitted with the prior authorization request and calculated an overall HLD Index score of 14, well below the threshold of 22 necessary for MassHealth to pay for comprehensive orthodontics.

The Appellant's mother did not dispute any of the testimony, except to say that the Appellant would benefit from orthodonture.

Although the evidence in this case does not support a finding that MassHealth erred in its denial. Under the rules and regulations, MassHealth will pay for a re-evaluation every six months until

(Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>, last visited March 24, 2023.) Additional guidance is at the MassHealth Dental Program Office Reference Manual ("ORM"), available at: (Last viewed on March 24, 2023, <https://masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>)

the Appellant reaches the age of 21. After a reevaluation, the Appellant's provider may file a new request for prior authorization.

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