

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2301154

Decision Date: 3/24/2023

Hearing Date: 03/15/2023

Hearing Officer: Marc Tonaszuck

Appearance for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras, DentaQuest



*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: | Orthodontic Services |
| Decision Date: | 3/24/2023 | Hearing Date: | 03/15/2023 |
| MassHealth's Rep.: | Dr. David Cabeceiras, DentaQuest | Appellant's Rep.: | Guardian |
| Hearing Location: | Quincy Harbor South 4 | | |

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 12/06/2022, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 4). A timely appeal was submitted on the appellant's behalf on 02/13/2023¹ (see 130 CMR 610.015(B) and Exhibit 2)². Denial of a request for prior approval is a valid basis for appeal (see 130 CMR 610.032).

¹ The appellant is a minor child who was represented in this matter by her sister/legal guardian.

² 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 legal guardian appeared as the appeal representative at hearing via telephone. MassHealth was represented at hearing by Dr. David Cabeceiras, also by telephone, an orthodontic consultant from DentaQuest, the MassHealth dental contractor.

The appellant's provider, Dr. Horowitz, submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and X-rays on 12/05/2022. 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 22, as follows:

| Conditions Observed | Raw Score | Multiplier | Weighted Score |
|---|---------------------------|--------------------------|----------------|
| Overjet in mm | 5 | 1 | 5 |
| Overbite in mm | 7 | 1 | 7 |
| 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: 5 Mandible: 0 | Flat score of 5 for each | 5 |
| 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 rd molars) | 0 | 3 | 0 |

| | | | |
|------------------------|--|--|-----------|
| Total HLD Score | | | 22 |
|------------------------|--|--|-----------|

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 13. The DentaQuest HLD Form reflects the following scores:

| Conditions Observed | Raw Score | Multiplier | Weighted Score |
|---|---------------------------|--------------------------|-----------------------|
| Overjet in mm | 2 | 1 | 2 |
| Overbite in mm | 4 | 1 | 4 |
| 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: X Mandible: 0 | Flat score of 5 for each | 5 |
| Labio-Lingual Spread, in mm (anterior spacing) | 2 | 1 | 2 |
| 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 | | | 13 |

DentaQuest did not find an automatic qualifying condition. Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on 12/06/2022.

At hearing, Dr. Cabeceiras testified that the appellant has an HLD score of 15, 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 |
| Open Bite in mm | 0 | 4 | 0 |
| Ectopic Eruption (# of teeth, excluding third molars) | 0 | 3 | 0 |

| | | | |
|--|---------------------------|-----------------------------|-----------|
| Anterior Crowding | Maxilla: 5 Mandible: 0 | Flat score of 5 for each | 5 |
| Labio-Lingual Spread, in mm (anterior spacing) | 2 | 1 | 2 |
| 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 | | | 15 |

The MassHealth orthodontist also testified that there are no other automatic qualifying conditions. He concluded that his measurements do not support an HLD score of 22. Therefore, MassHealth could not approve the appellant's request for comprehensive orthodontics.

The appellant's legal guardian testified that although the appellant's teeth appear to be "a mild case," she fears that the appellant may develop a condition in the future where her gums will recede and the appellant may need dental work to correct that situation. The guardian testified that the problem "runs in the family."

Findings of Fact

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

1. On 12/05/2022, 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, calculated an HLD score of 22 points. He did not indicate that any automatic qualifying conditions exist (Exhibit 4).
4. The provider did not include a medical necessity narrative with the prior authorization request (Exhibit 4).
5. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 13, with no automatic qualifying condition (Exhibit 4).
6. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more (Testimony).

7. On 12/06/2022, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
8. On 02/13/2023, the appellant filed a timely appeal of the denial (Exhibit 2).
9. On 03/15/2023, a fair hearing took place before the Board of Hearings.
10. At the fair hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and X-rays and found an HLD score of 15 (Testimony).
11. The appellant's HLD score is below 22.
12. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (e.g., cleft palate, impinging overbite, impaction, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding greater than 10 mm on either arch, or spacing greater than 10 mm on either arch, anterior or posterior crossbite of 3 or more teeth, 2 or more congenital missing teeth, or an anterior open bite greater than 2 mm. involving 4 or more teeth).

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.

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, if there is evidence of a cleft palate, deep impinging overbite, impactions, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding or spacing greater than 10 mm, anterior or posterior crossbite of three or more teeth on either arch, two or more congenitally missing teeth, or lateral open bite greater than 2 mm of four or more teeth.

The appellant's provider documented that the appellant has an HLD score of 22. Upon receipt of the PA request and after reviewing the provider's submission, MassHealth found an HLD score of 13. None of the orthodontists who reviewed this documentation, including the appellant's treating orthodontist, identified an automatic qualifying condition. Upon review of the prior authorization documents, at hearing a different orthodontic consultant found an HLD score of 15 and no automatic qualifying condition.

The main difference between the appellant's provider's score and that of Dr. Cabeceiras' score is the measurement of the overjet and overbite and the corresponding HLD scores. According to the written instructions on the HLD Index Score sheet, a member scores one point on for every millimeter of overjet and overbite. The appellant's treating orthodontist measured 5 mm of overjet, resulting in 5 points on the HLD Index. Additionally, the treating orthodontist measured 7 mm of overbite, resulting in 7 points. Dr. Cabeceiras testified that although the appellant has an overjet and an overbite, the extent of those conditions is not as severe as alleged by the treating orthodontist. Dr. Cabeceiras testified that the appellant has 3 mm of overjet and 5 mm of overjet. Using these totals, the appellant's HLD Index score does not meet the necessary 22 points.

Dr. Cabeceiras' calculations are supported by the evidence in the hearing file. He explained his scores to the appellant's mother and to the hearing officer, referencing the photographs of the appellant's teeth that were included with the PA request. Dr. Cabeceiras, a licensed 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 legal guardian testified credibly that the appellant may benefit from orthodonture; however, she 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, MassHealth correctly denied this request for comprehensive orthodontic services and 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA