

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2302398
Decision Date:	5/16/2023	Hearing Date:	05/03/2023
Hearing Officer:	Radha Tilva		

Appearance for Appellant:

 (Mother)

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:	PA - Dental
Decision Date:	5/16/2023	Hearing Date:	05/03/2023
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Mother
Hearing Location:	Quincy Harbor South	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 March 2, 2023, MassHealth denied the appellant's prior authorization request for comprehensive orthodontic treatment because MassHealth determined that appellant does not qualify for comprehensive orthodontic treatment (130 CMR 420.431(E) and Exhibit 1). The appellant filed this appeal in a timely manner on March 2, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Challenging a prior authorization request is valid grounds 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 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 March 1, 2023. 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 they found an autoqualifier of "impinging overbite with evidence of occlusal contact into the opposing soft tissue." The provider did not otherwise score the HLD Form.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have an impinging overbite. DentaQuest found an HLD score of 16. The DentaQuest HLD Form reflects the following scores:

Because it HLD score threshold of	Conditions Observed	Raw Score	Multiplier	Weighted Score	found an below the 22 and no
	Overjet in mm	7	1	7	
	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 ¹	Maxilla: n/a Mandible: n/a	Flat score of 5 for each ²	0	
	Labio-Lingual Spread, in mm (anterior spacing)	4	1	4	
	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			16	

¹ 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.

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

autoqualifier, MassHealth denied the appellant's prior authorization request on March 3, 2023.

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 17. He also did not see any evidence of an impinging overbite. Dr. Kaplan explained that a deep, impinging overbite is characterized by soft tissue damage such as ulcerations, cuts, and tissue tears to the upper palatal tissue. He testified that there is no evidence of soft tissue damage to the roof of the appellant's mouth in the photographs provided.

The appellant's mother testified that her daughter went to two orthodontists. One of the orthodontists showed her that the bottom teeth were touching the roof of her mouth, but could not get a photograph showing the damage to the palate. The mother stated that the top of her mouth is tender and red and that her two front teeth go out and the bottom teeth go straight up into the roof of the mouth. The mother further testified that it is hard to chew and appellant cannot eat nuts and apples.

Findings of Fact

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

1. On March 1, 2023, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth (Exhibit 5).
2. The provider completed a Handicapping Labio-Lingual Deviations Form for the appellant and indicated that he found an autoqualifier of "impinging overbite with evidence of occlusal contact into the opposing soft tissue." They did not calculate an HLD score. (Exhibit 5).
3. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have an impinging overbite and calculated an HLD score of 16 (Exhibit 5).
4. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more or has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment (Testimony).
5. On March 3, 2023, MassHealth notified the appellant that the prior authorization request had been denied (Exhibit 1).
6. On March 24, 2023 the appellant filed a timely appeal of the denial (Exhibit 2).

7. At hearing on May 3, 2023, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and x-rays (Testimony).
8. Based on the photographs and x-rays, the MassHealth orthodontic consultant found that the appellant did not have a deep impinging overbite and calculate an HLD score of 17. (Testimony).
9. With an impinging overbite, the lower front teeth dig into the upper palatal tissue causing cuts, ulcerations, or tissue tears. There are no cuts, ulcerations, or tissue tears on the appellant's upper palatal tissue according to MassHealth. (Testimony and Exhibit 5).
10. The appellant's HLD score is below 22.

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.

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, impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, or severe maxillary anterior crowding, greater than 8 mm.

The appellant's provider did not calculate an HLD score, but found an autoqualifier of an impinging overbite. After reviewing the provider's submission, MassHealth found an HLD score of 16 and no autoqualifiers. At hearing, based on the x-rays and photographs from the provider's submission, Dr. Kaplan found an HLD score of 17 and no autoqualifiers.

Both Dr. Kaplan and DentaQuest determined that the appellant did not have an impinging overbite or any other autoqualifier. The photographs and x-rays show that there is no evidence of soft tissue damage. Absent physical evidence from photographs or a statement from the

orthodontist demonstrating that appellant has an impinging overbite, Dr. Kaplan's measurements and testimony that there is no evidence of an impinging overbite are credible and his determination of the overall HLD score is consistent with the evidence.

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.

Radha Tilva
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA