

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304326
Decision Date:	10/17/2023	Hearing Date:	08/30/2023
Hearing Officer:	Rebecca Brochstein		

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:	Denied	Issue:	Prior Approval for Orthodonture
Decision Date:	10/17/2023	Hearing Date:	08/30/2023
MassHealth Rep.:	Dr. Harold Kaplan	Appellant Rep.:	Appellant's Mother and Grandmother
Hearing Location:	Tewksbury MassHealth Enrollment Center		

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 May 16, 2023, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). The appellant filed a timely appeal on May 25, 2023 (130 CMR 610.015(B); Exhibit 2). The appellant failed to appear for a hearing scheduled for July 10, 2023, and the Board of Hearings dismissed the appeal (Exhibits 3 and 4). The appellant thereafter filed a request to vacate the dismissal, explaining the failure to appear; the Board of Hearings then vacated the dismissal and rescheduled the hearing for August 30, 2023 (Exhibits 5 and 6). 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 May 8, 2023. 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 did not include a score on his HLD Form, but rather indicated that the appellant is eligible for automatic approval because she has a posterior crossbite of three or more maxillary teeth per arch. See Exhibit 4.

The MassHealth representative testified that when DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, a consulting orthodontist determined that the appellant did qualify based on a posterior crossbite. DentaQuest found that she had an HLD score of 17, as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	6	1	6
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)	1	3	3
Anterior Crowding	Maxilla: No Mandible: No	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
Posterior Unilateral Crossbite	n/a	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			17

Because it found an HLD score below the threshold of 22 – and also found that the appellant did not qualify based on a posterior crossbite – MassHealth denied the appellant's prior authorization request on May 16, 2023. See Exhibit 1.

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

In preparation for hearing on August 30, 2023, the MassHealth orthodontist completed an HLD Form based on a review of the records. He also examined the appellant in person at the hearing. He found that the appellant had an HLD score of 20, calculated as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	7	1	7
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)	2	3	6
Anterior Crowding	Maxilla: No Mandible: No	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	2	1	2
Posterior Unilateral Crossbite	n/a	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			20

He testified that to qualify for treatment based on a posterior crossbite, the guidelines require the crossbite to include three or more maxillary teeth per arch. He stated that the appellant only has two posterior teeth in crossbite, noting that the molar behind these teeth is in the correct position. He acknowledged that two of her teeth are in a “weird position” but maintained that the third tooth is positioned correctly. As he found the appellant does not have an auto-qualifying condition and has a total HLD score below 22, he declined to reverse MassHealth’s denial.

The appellant appeared at the hearing with her mother and grandmother. The mother pointed out that the appellant’s teeth overlap and that her molars are “stuffed” in the back of her mouth. She stated that the appellant will have dental issues in the future if this is not corrected now. She added that the appellant gets food stuck in her teeth, which causes her pain. In addition, she noted that the appellant has tongue tie and a mild lisp. The appellant’s grandmother emphasized that the family obviously cannot afford to pay privately for orthodontic treatment, as they are on MassHealth.

Findings of Fact

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

1. On May 8, 2023, 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. The provider did not include an HLD score, but rather indicated that the appellant has a posterior crossbite of three or more maxillary teeth per arch (which would result in automatic approval under the HLD guidelines).
3. When DentaQuest initially evaluated the prior authorization request on behalf of MassHealth, an orthodontic consultant determined that the appellant had an HLD score of 17. The consultant found that the appellant did not have a crossbite that met the MassHealth guidelines.
4. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more.
5. On May 16, 2023, MassHealth notified the appellant that the prior authorization request had been denied.
6. On May 25, 2023, the appellant filed a timely appeal of the denial.
7. A hearing was originally scheduled for July 10, 2023. After the appellant failed to appear, the Board of Hearings dismissed the appeal.
8. The Board of Hearings later found good cause for the failure to appear and vacated the dismissal. The hearing was rescheduled to August 30, 2023.
9. A MassHealth orthodontic consultant reviewed the paperwork from the provider and examined the appellant at the hearing on August 30, 2023. He calculated an HLD score of 20 and found that the appellant's crossbite did not meet the auto-qualifying criteria.
10. The appellant's HLD score is below 22.
11. The appellant has no more than two posterior teeth in crossbite.
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 has not established that the service is otherwise medically necessary based on 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.

Analysis and Conclusions of Law

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*.

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, in two other circumstances: First, MassHealth will approve a request if there is evidence of a 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 did not offer a score on the HLD Form, but rather indicated that the appellant should be approved for treatment automatically because she has a posterior crossbite of three or more maxillary teeth per arch. After reviewing the provider's submission, MassHealth found that the appellant's crossbite does not meet these criteria and calculated an HLD score of 17. Upon review of the prior authorization documents, a different orthodontic consultant for MassHealth determined the HLD score was 20 and agreed that the crossbite does not meet the criteria set forth in the guidelines.

There is no dispute that the appellant's HLD score is below the threshold qualifying score of 22. I also agree with MassHealth that, contrary to the provider's HLD findings, the appellant does not have a posterior crossbite that includes three or more maxillary teeth. As the DentaQuest orthodontist pointed out, the X-rays and the appellant's presentation in person indicate that only two of her posterior teeth are in crossbite. Further, the appellant does not have any of the other auto-qualifying conditions that would result in approval regardless of the HLD score, and there is no evidence that treatment is otherwise medically necessary as set forth in Appendix D of the Dental Manual.

The appellant has not demonstrated that this case meets the MassHealth criteria for approval of comprehensive orthodontic treatment. MassHealth's denial of the prior authorization request was therefore proper.

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.

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: DentaQuest