

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2305136

Decision Date: 8/11/2023

Hearing Date: 07/26/2023

Hearing Officer: Sara E. McGrath

Appearances for Appellant:



Appearances for MassHealth:

Dr. Harold Kaplan, Orthodontic Consultant

Interpreter: Vietnamese



*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 Authorization for Dental Services
Decision Date:	8/11/2023	Hearing Date:	07/26/2023
MassHealth Rep.:	Dr. Harold Kaplan	Appellant Rep.:	Appellant's Parents
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 June 1, 2023, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). The appellant filed a timely appeal on June 23, 2023 (130 CMR 610.015(B); Exhibit 2). Denial of a request for prior authorization 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 Dr. Harold Kaplan, 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 26, 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's HLD Form indicates a total score of 30, as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	0	1	0
Mandibular Protrusion in mm	2	5	10
Anterior Open Bite in mm	3	4	12
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding ²	Maxilla: Mandible:	Flat score of 5 for each ³	5
Labio-Lingual Spread, in mm (anterior spacing)	0	1	0
Posterior Unilateral Crossbite	n/a	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			30

As part of the HLD assessment, the provider also indicated that the appellant has an anterior open bite (2 mm or more; 4 or more teeth per arch) which, if present, would automatically qualify her for approval (Exhibit 3).

Dr. Kaplan testified that when DentaQuest initially evaluated this prior authorization request on

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 that the appellant has at least one auto-qualifying condition but did not provide a medical necessity narrative.

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.

behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 15. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
Overbite in mm	0	1	0
Mandibular Protrusion in mm	0	5	0
Anterior Open Bite in mm	2	4	8
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: No Mandible: No	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	1	1	1
Posterior Unilateral Crossbite	n/a	Flat score of 4	2
Posterior Impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			15

Because it found an HLD score below the threshold of 22 – and did not agree that the appellant had an anterior open bite as described above – MassHealth denied the appellant’s prior authorization request on June 1, 2023 (Exhibit 1).

In preparation for hearing on July 26, 2023, Dr. Kaplan completed an HLD Form based on a review of the records. He determined that the appellant’s overall HLD score was 17, calculated as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	0	1	0
Mandibular Protrusion in mm	0	5	0
Anterior Open Bite in mm	2	4	8
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: Yes Mandible: No	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	1	1	1
Posterior Unilateral Crossbite	n/a	Flat score of 4	0
Posterior Impactions or congenitally missing	0	3	0

posterior teeth			
Total HLD Score			17

Dr. Kaplan testified that the appellant does not have an anterior open bite involving 4 or more teeth per arch. Rather, he testified and pointed out to the parties during his oral exam that the appellant has two teeth that are “open” by at least 2 mm – her lateral incisors. All of her other anterior upper teeth overlap the corresponding lower teeth. Further, Dr. Kaplan explained that he disagrees with the appellant’s provider in the area of mandibular protrusion. He explained that mandibular protrusion refers to the position of the back teeth when biting down. The appellant’s provider indicated that the appellant’s lower molars are in front of their proper position by 2 mm, yielding a weighted score of 10 in this category. Dr. Kaplan indicated that the photographs show that the appellant’s back bite is totally normal, and thus she should not receive any points in this category. Dr. Kaplan stated that because the appellant’s HLD score is below the threshold of 22, he could not reverse the denial of the prior authorization request.

The appellant’s parents appeared with the appellant and each testified to the appellant’s need for treatment. The appellant testified that her tongue gets in the way when she is chewing, and it leads to discomfort. The appellant’s parents explained that the appellant cannot chew properly because her teeth do not line up correctly. She cannot bite down on some foods, and her mouth does not fully close. They stated that the appellant’s lower jaw “comes in” and her upper jaw juts out. The appellant’s dentist has recommended braces since last year.

Findings of Fact

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

1. On May 26, 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, finding an overall score of 30.
3. The provider also alleged that the appellant has an anterior open bite (2 mm or more; 4 or more teeth per arch). If verified, this would result in automatic approval.
4. When DentaQuest initially evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 15. It did not find an anterior open bite.
5. On June 1, 2023, MassHealth notified the appellant that the prior authorization request had been denied.
6. On June 23, 2023, the appellant filed a timely appeal of the denial.

7. In preparation for hearing on July 26, 2023, a MassHealth orthodontic consultant reviewed the provider's paperwork, finding an HLD score of 17. He found no anterior open bite.
8. The appellant's HLD score is below the threshold score of 22.
9. The appellant's lateral incisors are "open" by at least 2 mm.
10. The appellant's lower molars are in the proper position in relation to the upper molars.
11. 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 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 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).
12. 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, 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 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 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 30, and also alleged that he has a condition (an anterior open bite) that would result in automatic approval regardless of the score. After reviewing the documents included with the provider's submission, MassHealth calculated a score of 15 and found he did not have an anterior open bite. Upon review of the prior authorization documents, a different orthodontic consultant for MassHealth found the HLD score was 17, also finding no anterior open bite.

After reviewing the prior authorization documents, I am persuaded by MassHealth's determination that the HLD score is below 22. Mandibular protrusion relates to how the back molars interdigitate. The MassHealth Dental Manual provides the following scoring instructions for mandibular protrusion: "Score exactly as measured from the buccal groove of the first mandibular molar to the [mesiobuccal] cusp of the first maxillary molar. The measurement in millimeters is entered on the form and multiplied by 5." The appellant's provider gave a total of 10 points for mandibular protrusion, indicating that the lower molars are at least 2 mm in front of their proper position in relation to the upper molars. After a review of the record and consideration of the oral examination conducted at hearing, I conclude that MassHealth's determination (made by two DentaQuest reviewing orthodontists) that the back bite is normal (score of 0) is more credible than the determination that the back bite is "off" by 2 mm (score of 10). With this adjustment, the appellant's total HLD score is below the threshold of 22.

The record also supports MassHealth's determination that the appellant does not automatically qualify for treatment based on an anterior open bite: The oral examination conducted at hearing revealed that only the appellant's lateral incisors are open when she bites down. Thus, there is no evidence that the appellant has a condition that warrants automatic approval without regard for the HLD numerical score. Further, the provider did not allege, nor did MassHealth find, that treatment is otherwise medically necessary as set forth in Appendix D of the Dental Manual. Accordingly, the appellant has not demonstrated that he meets the MassHealth criteria for approval of comprehensive orthodontic treatment. MassHealth's denial of the prior authorization request was proper, 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.

Sara E. McGrath
Hearing Officer
Board of Hearings

cc: DentaQuest