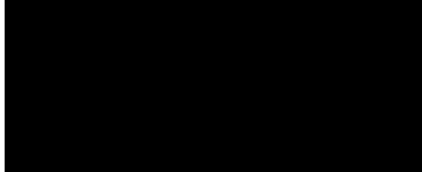


# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2305865

Decision Date: 8/29/2023

Hearing Date: 08/16/2023

Hearing Officer: Sara E. McGrath

Appearances for Appellant:



Appearances for MassHealth:

Dr. David Cabeceiras, Orthodontic Consultant



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street  
Quincy, MA 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization for Dental Services
<b>Decision Date:</b>	08/29/2023	<b>Hearing Date:</b>	08/16/2023
<b>MassHealth Rep.:</b>	Dr. David Cabeceiras	<b>Appellant Rep.:</b>	Appellant
<b>Hearing Location:</b>	Board of Hearings, Quincy		

### 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 18, 2023, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). The appellant filed a timely appeal on July 14, 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. David Cabeceiras, 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 10, 2023. As required, the provider completed the Handicapping Labio-Lingual Deviations (HLD) Form, which requires a total score of 22 or higher for approval.<sup>1</sup> However, the provider did not include a score on his HLD Form, but rather indicated that the appellant is eligible for automatic approval because he has crowding of 10 mm or more in either the maxillary (upper) or mandibular (lower) arch (Exhibit 3).

Dr. Cabeceiras testified that when DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 14. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
Overbite in mm	4	1	4
Mandibular Protrusion in mm		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
<b>Total HLD Score</b>			<b>14</b>

Because it found an HLD score below the threshold of 22 – and did not agree that the appellant has 10 mm or more of crowding in either arch – MassHealth denied the appellant's prior

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<sup>1</sup> 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 one auto-qualifying condition, but did not provide a medical necessity narrative.

authorization request on May 18, 2023 (Exhibit 1).

In preparation for hearing on August 16, 2023, Dr. Cabeceiras completed an HLD Form based on a review of the records. He determined that the appellant's overall HLD score was 14, calculated as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
Overbite in mm	4	1	4
Mandibular Protrusion in mm	0	5	0
Anterior Open Bite in mm	1	4	4
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
<b>Total HLD Score</b>			<b>14</b>

Dr. Cabeceiras testified that after examining the appellant's mouth, which included measuring all crowding, he concluded that the appellant does not have at least 10 mm of crowding in either arch. He stated that one the appellant's second bicuspids is crowded out, or ectopic, but because the whole tooth measures approximately 7 mm, the total crowding measures less than 10 mm. Dr. Cabeceiras stated that because the appellant's HLD score is below the threshold of 22, and because he does not have any of the auto-qualifying conditions, he could not reverse the denial of the prior authorization request.

The appellant appeared at the hearing and read into the record a letter he had prepared. That letter provides, in part, as follows:

- With no intention to narrate the obvious orthodontic benefits every individual deserves, I would like to do a deep dive into their impact on my personal health. Dental alignment is often dismissed as a mere cosmetic enhancement, but it is so much more as it can reshape not only teeth but also perspectives. That is to say; it holds the power to alter my sense of self, communication, and self-expression, which would be a tremendous impact on my well-being and quality of life because a confident smile would do so much more than alleviate my social interactions but also demonstrates the consistent passion I have always had for my oral health.

- A childhood injury to my chin at ten years old which could be a potential contributing factor to my current malocclusion, as shown in the X-rays, has primarily impacted the alignment of my teeth and jaw. This misalignment has heavily affected the appearance of my smile and my teeth eruption, as one particular tooth has developed halfway. By addressing the impact of the chin injury on my dental alignment, braces can help fix the misalignment and restore balance to my bite most effectively.
- Misaligned teeth, overcrowding or gaps between teeth, etc. (all of which I have); this treatment that I so desperately need can help solve these issues, which can improve other dental complications like proper chewing and speech, which is not only necessary but would help make it easier to maintain proper oral hygiene and reducing the risk of plaque buildup, tooth decay, constant cavities, and gum disease and which is constantly overlooked by the mass health's [sic] score policy, even when they were previously incurred by the patient such as myself, all the more reason to be considered for a much more fair assessment.
- TMJ Dysfunction: The temporomandibular joint (TMJ) disorder I have causes repetitive jaw pain whenever I open my mouth at a specific width, which is concerning and can be life-threatening if not attended to early on, as it could potentially lead to much worse or severe illnesses such as chronic pain, limited chewing function, and bruxism-related wear and tear, and I firmly believe that all of these risks can be easily avoided considering this could do so much more than alleviating the jaw pain and discomfort (being one of my main concerns).
- Financial Situation is often disregarded under the standardized score policy: Being a part-time college student worker is very tough and stressful and filled with numerous financial burdens and obligations such as paying for tuition, basic needs, transportation, etc. And incurring all these high expenses while working for minimum wage is in no way going to help me cover the cost of this treatment which is a heavy burden and hence requires financial assistance, so this is nonetheless my only hope of receiving this orthodontic treatment, that I so desperately seek. (Here is my most recent bank statement for extra proof needed).
- Long-term investment: Investing in braces now will save me from much more extensive and costly dental treatments in the future that mass health might actually need to cover, such as extractions or even oral surgery from unattended premature circumstances, which makes it wiser for me to start the foundation for my long-term oral health while I'm still eligible for the opportunity. And hence the overall impact this treatment could contribute on my life is just imperative beyond expression.

(Exhibit 4).

## Findings of Fact

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

1. On May 10, 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 crowding of 10 mm or more in one of his arches (which would result in automatic approval under the HLD guidelines).
3. When DentaQuest initially evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 14. It did not find 10 mm or more of crowding in either arch.
4. On May 18, 2023, MassHealth notified the appellant that the prior authorization request had been denied.
5. On July 14, 2023, the appellant filed a timely appeal of the denial.
6. In preparation for hearing on August 16, 2023, a MassHealth orthodontic consultant reviewed the provider's paperwork, finding an HLD score of 14. He found that the appellant did not have crowding of 10 mm or more in either arch.
7. One of the appellant's lower second bicuspid is crowded out; this tooth's width is approximately 7 mm.
8. The appellant's HLD score is below the threshold score of 22.
9. 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).

10. 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 did not offer a score on the HLD Form, but rather indicated that the appellant should be approved for treatment automatically because he has crowding of 10 mm or more in his mandibular (lower) arch. After reviewing the provider's submission, MassHealth found that the appellant does not have the requisite crowding, and calculated an HLD score of 14. Upon review of the prior authorization documents, a different orthodontic consultant for MassHealth determined the HLD score was 14, and agreed that the crowding measures far less than 10 mm.



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 at least 10 mm of crowding in his mandibular arch. The photographs taken by the provider show less than 10 mm of crowding in the lower arch, as the crowding is limited to one of the second bicuspid. This conclusion is supported by Dr. Cabeceiras' findings after completing an oral exam at hearing – he pointed out that the crowding is indeed limited to one tooth, and explained that the width of this tooth measures approximately 7 mm.<sup>2</sup> Further, there is no evidence that he has any of the other conditions that result in automatic approval without regard for the HLD numerical score. Additionally, 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. As such, despite the appellant's compelling and sympathetic arguments, 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.

This appeal is therefore 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.

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Sara E. McGrath  
Hearing Officer  
Board of Hearings

cc: DentaQuest

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<sup>2</sup> Further support for this conclusion can be found in the record. When DentaQuest initially reviewed the appellant's request, the reviewing orthodontist found less than 10 mm of crowding as well.