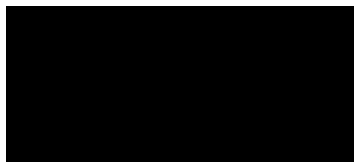


Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2305880

Decision Date: 09/01/2023

Hearing Date: 08/16/2023

Hearing Officer: Radha Tilva

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Cabeceiras, DentaQuest rep.



*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 - orthodontics
Decision Date:	09/01/2023	Hearing Date:	08/16/2023
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	Pro se
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 July 2, 2023, MassHealth denied the appellant's prior authorization request for comprehensive orthodontic treatment (Exhibit 1). The appellant filed this appeal in a timely manner on July 19, 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 appellant's prior authorization request for comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct in denying appellant's prior authorization request for comprehensive orthodontic treatment.

Summary of Evidence

The appellant is a minor MassHealth member who appeared at hearing along with her mother and father. MassHealth was represented at hearing by Dr. David Cabeceiras, 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 June 28, 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 did not indicate that any autoqualifiers existed. The provider found a score of 24 on the HLD form and did not indicate the presence of an autoqualifier.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have an autoqualifier and found an HLD score of 18. 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	2	5	10
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)	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			18

Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on or around July 2, 2023.

At hearing, Dr. Cabeceiras completed an HLD form based on a careful examination of appellant's mouth, x-rays and photographs. He determined that the appellant's overall HLD score was 15. He also did not see any evidence of an autoqualifier. Dr. Cabeceiras explained that appellant needs a total of 22 points in order to be considered as having a severe and handicapping bite. Dr.

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.

Cabeceira's 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	1	5	5
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: n/a Mandible: x	Flat score of 5 for each	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			15

Dr. Cabeceiras testified that in order to get points for anterior crowding there must be more than 3.5 mm of crowding in either the upper or lower arch. Dr. Cabeceiras testified that appellant does not have more than 3.5 mm in either arch. Thus, zero points were given for that. Dr. Cabeceiras explained that appellant does need braces, however, appellant's bite is presently not severe or handicapping enough for MassHealth to pay for the treatment. Dr. Cabeceiras further explained that appellant can get examined every 6 months to see if there is a worsening change in her mouth. The appellant's mother and father testified that appellant gets teased and has space issues. They also explained that it hurts when she eats.

Findings of Fact

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

1. On June 28, 2023 appellant's provider submitted a prior authorization request to MassHealth for comprehensive orthodontic treatment.
2. On or around June 2, 2023 MassHealth denied the request finding that appellant did not meet the criteria for MassHealth to pay for orthodontic treatment.
3. Appellant's provider found that appellant had an HLD score of 24 points with no autoqualifiers.
4. Dentaquest, the third party administrator for dental benefits, found an HLD score of 18 points upon its review of the evidence.

5. Dr. Cabeceiras examined appellant's mouth at hearing and found an HLD score of 15 points.
 - a. Dr. Cabeceiras stated that appellant did not have enough anterior crowding to warrant 10 points.
6. MassHealth requires either a total of 22 points or higher or an autoqualifier to be present in order for them to consider the bite handicapping and severe enough for them to pay for the treatment.

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 calculated an HLD score of 24. After reviewing the provider's submission and appellant's mouth, MassHealth found an HLD score of 18 and no autoqualifiers. At hearing, based on the x-rays and photographs from the provider's submission, Dr. Cabeceiras found an HLD score of 15 and no autoqualifiers.

Dr. Cabeceiras' measurements and testimony are credible and his determination of the overall HLD score is consistent with the evidence. The provider gave 10 points for anterior crowding which Dr. Cabeceiras disagreed with. Dr. Cabeceiras' explanation that appellant's bite does not warrant 10 points for anterior crowding, as she does not have greater than 3.5 mm of crowding in either arch, is persuasive. Thus, if 10 points were deducted from the appellant's point total the provider gave appellant would be left with well below the required 22 points needed to warrant coverage of orthodontic treatment.

As the appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines, MassHealth was correct in determining that he 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