

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2306352

Decision Date: 10/20/2023

Hearing Date: 09/18/2023

Hearing Officer: Alexis Demirjian

Appearance for Appellant:

Pro se



Appearance for MassHealth:

Dr. Harold Kaplan, DQ Consultant

Interpreter:



*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:	Prior Authorization; Comprehensive Orthodontic Treatment
Decision Date:	10/20/2023	Hearing Date:	09/18/2023
MassHealth's Rep.:	Dr. Kaplan	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 3	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 24, 2023, MassHealth denied the appellant's request for prior authorization for comprehensive orthodontic treatment. (see 130 CMR 420.431(C) and Exhibit 3). The appellant filed this appeal in a timely manner on August 9, 2023. (see 130 CMR 610.015(B) and Exhibit 2).¹ Denial of a request for prior approval is a valid basis for appeal before the Board of Hearings. (See 130 CMR 610.032)

Action Taken by MassHealth

MassHealth denied the appellant's request for prior approval of comprehensive orthodontic treatment.

¹ On July 27, 2023, the appellant's mother filed a request for fair hearing on behalf of the appellant. On July 31, 2023, the Board of Hearings rejected that filing and dismissed the request because the appellant is over 18 years of age. Both the appellant and his mother appeared via telephone for the hearing and the appellant gave oral permission for his mother to testify and represent him in this matter.

Issue

Whether MassHealth correctly determined that the appellant was not eligible for comprehensive orthodontic treatment pursuant to 130 CMR 420.431(C).

Summary of Evidence

The appellant is a MassHealth member who appeared via telephone for the hearing. The hearing was scheduled to be conducted in person at the Tewksbury MEC. The hearing officer and consultant for MassHealth appeared in person. At the request of the appellant, the appellant did not appear in person and his testimony was taken by phone.

The representative stated that MassHealth only provides coverage for comprehensive orthodontic treatment when there is a severe and handicapping malocclusion. (See Testimony.) The MassHealth orthodontic consultant testified that MassHealth utilizes the HLD Index to determine whether an individual's condition constitutes a severe and handicapping malocclusion. (Id.) The HLD includes a list of all the conditions that may exist in an individual's mouth and assigns points based on how the dentition deviates from the norm, the greater the deviation the greater the score. (Id.) The HLD Index involves taking objective measurements from the subject's teeth to generate an overall numeric score, or to find an auto-qualifying condition. A severe and handicapping malocclusion typically reflects a minimum cumulative score of 22 or an auto-qualifying condition. MassHealth submitted into evidence: HLD MassHealth Form, the HLD Index. (Exhibit 4).

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and X-rays. 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 the appellant had an auto qualifying condition or submit a medical necessity narrative. The provider indicated that the appellant has an HLD score of 22, 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
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	
Anterior Crowding	Maxilla: 5 Mandible: 5	Flat score of 5 for each	10
Labio-Lingual Spread, in mm (anterior spacing)	0	1	0
Posterior Unilateral Crossbite		Flat score of 4	
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			22

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, they determined that the appellant had an HLD score of 16. The DentaQuest HLD Form reflects the

following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
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	Maxilla: 0 Mandible: 5	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
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

DentaQuest did not find an automatic qualifying condition. Since it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on June 13, 2023.

During the hearing, Dr. Kaplan, a MassHealth orthodontic consultant testified that he reviewed the documentation provided by the appellant's provider and determined that the appellant had an HLD score of 18, as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	5	1	5
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	Maxilla: Mandible: 5	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
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

The appellant allowed his mother to testify on his behalf. His mother credibility testified that she believes that orthodontic treatment would benefit her son based on what she perceives are gaps in the way the teeth are growing.

Findings of Fact

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

1. The appellant is under 21 years of age. (Testimony; Exhibit 4).
2. On July 19, 2023, the appellant's orthodontic provider requested prior authorization for comprehensive orthodontic treatment. (Testimony; Exhibit 4).
3. On July 24, 2023, MassHealth denied the appellant's prior authorization request. (Exhibit 3).
4. On August 9, 2023, a timely fair hearing request was filed on the appellant's behalf. (Exhibit 2).
5. MassHealth provides coverage for comprehensive orthodontic treatment only when there is a severe and handicapping malocclusion. (Testimony).

6. MassHealth employs a system of comparative measurements known as the HLD Index as a determinant of what constitutes a severe and handicapping malocclusion. (Testimony).
7. An automatic qualifying condition on the HLD Index is a severe and handicapping malocclusion. (Testimony).
8. An HLD Index score of 22 or higher denotes a severe and handicapping malocclusion. (Testimony).
9. The appellant's orthodontic provider examined the appellant and determined that the appellant had an HLD score of 22. (See Exhibit 4; Testimony).
10. The appellant's orthodontic provider does not allege that the appellant has an auto qualifying condition. (See Testimony; Exhibit 4).
11. At hearing, the MassHealth consultant, a licensed orthodontist, reviewed the submitted documentation and determined that the appellant does not have an HLD score of 22 or above or an automatic qualifying condition. (Testimony; Exhibit 4).
12. The appellant does not have a severe and handicapping malocclusion or an auto qualifying condition. (Testimony).

Analysis and Conclusions of Law

Regulation 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.²

When requesting prior authorization for comprehensive orthodontic treatment, the provider submits, among other things, a completed HLD Index recording form which documents the results of applying the clinical standards described in Appendix D of the Dental Manual. For MassHealth to pay for orthodontic treatment, the appellant's malocclusion must be severe and

² The Dental Manual and Appendix D are available on MassHealth's website, in the MassHealth Provider Library. (Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>, last visited October 18, 2023.) Additional guidance is at the MassHealth Dental Program Office Reference Manual ("ORM"), available at: <https://masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf> (last viewed on October 18, 2023)

handicapping as indicated by an automatic qualifier on the HLD index or a minimum HLD index score of 22.

The HLD Form is a quantitative and objective method for measuring malocclusions. It is used to add up a single score based on a series of measurements that represent the degree to which a bite deviates from normal alignment and occlusion. MassHealth has made a policy decision that a score of 22 or higher signifies a “severe and handicapping malocclusion,” ostensibly a medical necessity for orthodontia. Certain exceptional malocclusions are deemed automatically severe and handicapping: cleft lip, cleft palate, or other cranio-facial anomaly, impinging overbite with evidence of occlusal contact into the opposing soft tissue, impactions where eruptions are impeded but extraction is not indicated (excluding third molars), overjet (greater than 9mm), reverse overjet (greater than 3.5mm), crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd 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 2mm or more of 4 or more teeth per arch, anterior open bite 2mm or more of 4 or more teeth per arch.

In this case, the appellant’s orthodontist calculated an overall HLD Index score of 22, which is the threshold for MassHealth to cover comprehensive orthodontic treatment. After reviewing the clinical documentation, the MassHealth representative testified that he disagreed with the appellant’s provider in that he did not find an HLD score of 22 or higher. The MassHealth orthodontist’s score is supported by the photographs.

Dr. Kaplan, a licensed orthodontist, he demonstrated a familiarity with the HLD Index. His measurements are credible and his determination of the overall HLD score is consistent with the evidence. Moreover, he was available to be questioned by the hearing officer and cross-examined by the appellant’s representative.

For those reasons MassHealth’s decision remains undisturbed and the 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.

Alexis Demirjian
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA