

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2311322
Decision Date:	02/01/2024	Hearing Date:	01/22/2024
Hearing Officer:	Stanley Kallianidis		

Appearance for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras



*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:	Orthodontics: Auto-qualifier
Decision Date:	02/01/2024	Hearing Date:	01/22/2024
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	Mother
Hearing Location:	Taunton MEC		

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 October 16, 2023, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (*see* 130 CMR 420.431 and Exhibit 1). The appellant filed this appeal in a timely manner on November 8, 2023 (*see* 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior approval is a valid basis for appeal (*see* 130 CMR 610.032).

A prior hearing date of December 13, 2023 was rescheduled so that the appellant could be examined in person (Exhibit 4).

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, in determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

The appellant is a minor MassHealth member who was represented at hearing by his mother. MassHealth was represented 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 and the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form, which requires a total score of 22 or higher for approval. The provider's HLD Form indicated a finding of a total score of only 20 and there was no medical necessity narrative. (Exhibit 3). However, the provider found two conditions that warrant automatic approval of comprehensive orthodontic treatment: crowding of 10 mm or more in either the top or bottom teeth, and a deep impinging overbite with soft tissue contact (Exhibit 3).

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment and determined that the appellant has an HLD score of 16 (Exhibit 3).

At hearing, Dr. Cabeceiras completed an HLD form based upon an in-person examination, and his review of the x-rays and photographs. He determined that the appellant's overall HLD score was 17.

Dr. Cabeceiras testified that the provider's determination that there auto-qualifiers was incorrect because the provider himself only allotted 5 mm of crowding for the top and bottom teeth when filling out the HLD form, short of the requisite 10 mm for approval. Dr. Cabeceiras stated that he agreed with DentaQuest that there was crowding of no more than 5mm, and only on the bottom teeth. Dr. Cabeceiras further testified that, upon careful examination of the appellant, there was no deep impinging overbite auto-qualifier because there was no soft tissue contact between the top and bottom teeth (Exhibit 3).

The appellant's mother testified that her son needs braces and therefore should be eligible for them. She cited the appellant's provider's determination that he qualified for orthodontic treatment. However, she did not directly dispute the testimony of Dr. Cabeceiras.

Findings of Fact

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

1. The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and x-rays (Exhibit 3).
2. The provider completed an HLD Form for the appellant and calculated an overall score of 20 (Exhibit 3).
3. The provider did not submit a medical necessity narrative but did find two auto-qualifying conditions: crowding of 10 mm or more in either the top or bottom teeth, and a deep impinging overbite with soft tissue contact (Exhibit 3).
4. DentaQuest determined that the appellant has an HLD score of 16, and Dr. Cabeceiras determined an HLD score of 17 (Exhibit 3 and testimony).
5. The provider himself only allotted 5 mm of crowding for the top and bottom teeth when filling out the HLD form, short of the requisite 10 mm for approval (Exhibit 3).
6. Dr. Cabeceiras and DentaQuest found crowding of no more than 5mm, and only on the bottom teeth (Exhibit 3 and testimony).
7. There was no deep impinging overbite auto-qualifier because there was no soft tissue contact between the appellant's top and bottom teeth (Exhibit 3 and testimony).

Analysis and Conclusions of Law

130 CMR 420.431 states, in relevant part, as follows:

(A) General Conditions. The MassHealth agency pays for orthodontic treatment, subject to prior authorization, service descriptions and limitations as described in 130 CMR 420.431. The provider must seek prior authorization for orthodontic treatment and begin initial placement and insertion of orthodontic appliances and partial banding or full banding and brackets prior to the members 21st birthday.

(B) Service Limitations and Requirements.

(3) Comprehensive Orthodontics. 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 “Handicapping Labio-Lingual Deviations Form” (HLD), which is described as a quantitative, objective method for evaluating prior authorization requests for comprehensive orthodontic treatment. 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. 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, if there is evidence of one of the following autoqualifiers: a cleft palate, deep 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.

Appendix D of the Dental Manual also includes the instructions for submitting a medical necessity narrative. It states the following:

Providers may establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative and supporting documentation, where applicable. The narrative must establish that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate

- i. a severe deviation affecting the patient’s mouth and/or underlying dentofacial structures;
- ii. a diagnosed mental, emotional, or behavioral condition caused by the patient’s malocclusion;
- iii. a diagnosed nutritional deficiency and/or substantiated inability to eat or chew caused by the patient’s malocclusion;
- iv. a diagnosed speech or language pathology caused by the patient’s malocclusion; or
- v. a condition in which the overall severity or impact of the patient’s malocclusion is not otherwise apparent.

In this case, I have found that neither the provider, nor DentaQuest nor Dr. Cabeceiras determined that the appellant had HLD score of 22 or greater. Neither was there a medical necessity narrative submitted. While the appellant did find two auto-qualifying conditions, crowding of 10 mm or more in either the top or bottom teeth, and a deep impinging overbite with soft tissue contact, these were both in error as there was 1) no crowding greater than 5 mm, and 2) there was no deep impinging overbite with soft tissue contact.

In conclusion, the appellant does not have a malocclusion that is handicapping based on conditions described in Appendix D of the Dental Manual. Accordingly, he is not eligible for orthodontic treatment at this time.

The 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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc: DentaQuest