

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2405265
Decision Date:	6/5/2024	Hearing Date:	05/15/2024
Hearing Officer:	Christine Therrien		

Appearance for Appellant:



Appearance for MassHealth DentaQuest:

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
Decision Date:	6/5/2024	Hearing Date:	05/15/2024
MassHealth's Rep.:	Dr. Cabeceiras	Appellant's Rep.:	Pro se, Mother
Hearing Location:	Taunton MassHealth Enrollment Center Room 2		

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 3/20/24, MassHealth denied the appellant's prior authorization request for comprehensive orthodontic treatment. (Exhibit 1). The appellant filed an appeal in a timely manner on 4/2/24. (Exhibit 2). Denial of an application or request for assistance is a valid ground for appeal. (130 CMR 610.032).

Action Taken by MassHealth DentaQuest

MassHealth DentaQuest denied the appellant's prior authorization request for comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the appellant does not qualify for full orthodontic treatment.

Summary of Evidence

MassHealth was represented by a licensed orthodontist consultant from DentaQuest who stated that on 3/20/24, the appellant's treating orthodontist submitted a request for comprehensive orthodontic treatment. (Exhibit 1). MassHealth denied the request on 3/20/24. (Exhibit 1). The MassHealth orthodontist consultant testified that MassHealth will authorize full orthodontic treatment only when there is evidence of a severe and handicapping malocclusion. The MassHealth orthodontist consultant testified that the appellant's request was considered after a review of the oral photographs, X-rays, and written information submitted by the appellant's orthodontic provider. This information was then applied to a standardized Handicapping Labio-Lingual Deviations Form (HLD) Index that is used to make an objective determination of whether the appellant has a severe and handicapping malocclusion. The MassHealth orthodontist consultant testified that the HLD Index uses objective measurements taken from the subject's teeth to generate an overall numeric score representing the degree to which a case deviates from normal alignment and occlusion. A severe and handicapping malocclusion typically reflects a score of 22 and above. The MassHealth orthodontist consultant testified that according to the prior authorization request, the appellant's dental provider found one of the thirteen conditions that are so severe they warrant automatic approval of comprehensive orthodontic treatment.¹ The MassHealth orthodontist consultant examined the appellant's teeth for the marked auto-qualifying condition of a "deep impinging overbite with evidence of occlusal contact into the opposing soft tissue." The MassHealth orthodontist consultant testified that the appellant does have a deep overbite but he did not find evidence of "occlusal contact into the opposing soft tissue."

¹ 1. Cleft Lip, Cleft Palate or Cranio-Facial Anomaly; 2. Severe Traumatic Deviations - This refers to accidents affecting the face and jaw, rather than; congenital deformity. Do not include traumatic occlusions or crossbites; 3. Crowding of 10 mm or more, in either the maxillary or mandibular arch (*excluding 3rd molars*). Includes the normal complement of teeth; 4. Spacing of 10 mm or more, in either the maxillary or mandibular arch (*excluding 3rd molars*). Includes the normal complement of teeth; 5. Deep Impinging Overbite with evidence of occlusal contact into the opposing soft tissue; 6. Overjet - 9 mm or greater; 7. Reverse Overjet - Greater than 3.5mm; 8. Impactions where eruption is impeded but extraction is not indicated (*excluding third molars*); 9. Anterior Crossbite of 3 or more maxillary teeth per arch; 10. Posterior Crossbite of 3 or more maxillary teeth per arch; 11. Congenitally Missing Teeth - 2 or more of at least 1 tooth per quadrant (*excluding 3rd molars*); 12. Lateral Open bite - 2 mm or more, of 4 or more teeth per arch; 13. Anterior Open bite - 2 mm or more, of 4 or more teeth per arch.

The orthodontist consultant testified that the appellant's dental provider reported an HLD Index score of 20 which is broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
Overbite in mm	8	1	8
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	1	3	3
Anterior Crowding	Maxilla: Mandible:	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	5	1	5
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			20

When DentaQuest initially 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 11. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
Overbite in mm	6	1	6
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:	Flat score of 5 for each	0
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			11

Because DentaQuest found an HLD score below the threshold of 22, no auto-qualifying conditions, and no medical necessity, MassHealth denied the appellant's prior authorization request on 3/20/24.²

² Providers may establish that comprehensive orthodontic treatment is medically necessary by submitting a

At the hearing, the MassHealth orthodontist consultant completed an HLD form based on a review of the X-rays, photographs, and a physical exam of the appellant's mouth. He determined that the appellant's overall HLD score was 13, as calculated below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
Overbite in mm	7	1	7
Mandibular Protrusion in mm	0	5	0
Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: Mandible:	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			13

The MassHealth Orthodontist consultant concluded that because the appellant has an HDL score below 22, the evidence indicates he does not have a severe and handicapping malocclusion. As a result the request for comprehensive orthodontic treatment was denied. MassHealth submitted into evidence appellant's dental history and claim form, Orthodontics Prior Authorization form, HLD form, oral photographs and DentaQuest Determination. (Exhibit 1).

The appellant's mother argued that the appellant's teeth zig-zag because he has a very small mouth, and that this fact is not adequately taken into account through the scoring process.

The MassHealth orthodontist consultant responded that the appellant can be re-evaluated every six months until he is 21 but he does not meet the MassHealth criteria at this time.

Findings of Fact

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

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 skeletal 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 a 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 diagnosed condition caused by the overall severity of the patient's malocclusion.

1. On 3/20/24, the appellant's treating orthodontist submitted a request for full orthodontic treatment.
2. The appellant's request was denied on 3/20/24 after a review of the oral photographs, X-rays, and written information submitted by the appellant's provider.
3. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more; when one of the conditions that warrant automatic approval of comprehensive orthodontic treatment is present; or if there is evidence of medical necessity.
4. The appellant's treating orthodontist completed an HLD Index Form for the appellant and calculated an overall score of 20 and the auto-qualifying condition of a deep impinging overbite. The treating orthodontist checked off "no" under the medical necessity section.
5. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 11 and did not find evidence of an auto-qualifying condition or medical necessity.
6. The MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, X-rays, and examined the appellant's teeth, and found an HLD score of 13 and no auto-qualifying conditions.
7. The appellant's score is below 22.
8. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment.

Analysis and Conclusions of Law

When requesting prior authorization for orthodontic treatment, a provider must submit a completed HLD Index recording form with the results of the clinical standards described in Appendix D of the *Dental Manual* (130 CMR 420.431).

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) Definitions.

...

- (3) Comprehensive Orthodontic Treatment. Comprehensive orthodontic treatment includes a coordinated diagnosis and treatment leading to the improvement of a member's craniofacial dysfunction and/or dentofacial deformity which may include anatomical and/or functional relationship. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances. Comprehensive orthodontics may incorporate treatment phases including adjunctive procedures to facilitate care focusing on specific objectives at various stages of dentofacial development. Comprehensive orthodontic treatment includes the transitional and adult dentition.

(C) 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. Upon the completion of orthodontic treatment, the provider must take post treatment photographic prints and maintain them in the member's dental record. The MassHealth agency pays for the office visit, radiographs and a record fee of the pre-orthodontic treatment examination (alternative billing to a contract fee) when the MassHealth agency denies a request for prior authorization for comprehensive orthodontic treatment or when the member terminates the planned treatment. The payment for a pre-orthodontic treatment consultation as a separate procedure does not include models or photographic prints. The MassHealth agency may request additional consultation for any orthodontic procedure.

Payment for comprehensive orthodontic treatment is inclusive of initial placement, and insertion of the orthodontic fixed and removable appliances (for example: rapid palatal expansion (RPE) or head gear), and records. Comprehensive orthodontic treatment may occur in phases, with the anticipation that full banding must occur during the treatment period. The payment for comprehensive orthodontic treatment covers a maximum period of three calendar years. The MassHealth agency pays for orthodontic treatment as long as the member remains eligible for MassHealth, if initial placement and insertion of fixed or removable orthodontic appliances begins before the member reaches 21 years of age.

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 auto-qualifiers: Cleft Lip, Cleft Palate or Cranio-Facial Anomaly; Severe Traumatic Deviations; Crowding of 10 mm or more; Spacing of 10 mm or more; Deep Impinging Overbite with evidence of occlusal contact into the opposing soft tissue; Overjet - 9 mm or greater; Reverse Overjet - Greater than 3.5mm; Impactions; Anterior Crossbite of 3 or more maxillary teeth per arch; Posterior Crossbite of 3 or more maxillary teeth per arch; Congenitally Missing Teeth; Lateral Open bite - 2 mm or more, of 4 or more teeth per arch; Anterior Open bite.

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.

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...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

- i. 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);
- ii. describe the nature and extent of the identified clinician(s) involvement

- and interaction with the patient, including dates of treatment;
- iii. state the specific diagnosis or other opinion of the patient's condition furnished by the identified clinician(s);
- iv. document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made);
- v. discuss any treatments for the patient's condition (other than the comprehensive orthodontic treatment) considered or attempted by the clinician(s); and
- vi. provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of comprehensive orthodontic treatment.

The appellant's provider found an overall HLD score of 20. After reviewing the provider's submission, MassHealth found an HLD score of 11. Upon review of the prior authorization documents, at hearing, a different MassHealth orthodontic consultant found an HLD score of 13. All three of the appellant's HLD scores fall below the necessary 22 points, and there were no auto-qualifying conditions present.

The appellant does not meet the requirements of 130 CMR 420.431 and therefore the denial of the prior authorization request is correct.

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.

Christine Therrien
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA