

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|--------------------|-----------------------|------------|
| Appeal Decision: | DENIED | Appeal Number: | 2154524 |
| Decision Date: | 9/09/2021 | Hearing Date: | 07/21/2021 |
| Hearing Officer: | Kenneth Brodzinski | | |

Appearance for Appellant:



Appearance for MassHealth:

Dr. Harold Kaplan, DMD



*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

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|---------------------------|-------------------|--------------------------|------------------------------------|
| Appeal Decision: | DENIED | Issue: | Prior Authorization - Orthodontics |
| Decision Date: | 9/09/2021 | Hearing Date: | 07/21/2021 |
| MassHealth's Rep.: | Dr. Harold Kaplan | Appellant's Rep.: | ██████████ |
| Hearing Location: | Quincy | | |

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notice dated May 24, 2021, MassHealth denied Appellant's request for prior authorization for comprehensive orthodontic treatment (Exhibit A). Appellant filed this appeal in a timely manner on June 14, 2021 (see 130 CMR 610.015(B) and Exhibit A). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by the Division

MassHealth denied Appellant's request for prior authorization for comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth acted correctly and pursuant to regulation in denying Appellant's request for comprehensive orthodontic treatment.

Summary of Evidence

Both parties appeared by telephone.

The MassHealth representative, a practicing orthodontist, testified that Appellant's request for comprehensive orthodontic treatment was considered in light of the written information provided in the prior authorization request form (Exhibit B) and oral photographs submitted by Appellant's dental provider. The information was then applied to a standardized HLD Index that is used to make an objective determination as to whether Appellant has a "*handicapping malocclusion*." The MassHealth representative testified that the HLD Index uses objective measurements taken from the subject's teeth to generate an overall numeric score. The MassHealth representative testified that a handicapping malocclusion typically reflects a minimum score of 22. He further testified that according to the prior authorization request, Appellant's dental provider reported an overall score of 19 (Exhibit B).

The MassHealth representative testified that MassHealth's agent DentaQuest reviewed the request and took measurements from Appellant's oral photographs and determined an HLD score of 19. The MassHealth representative testified his own review and measurements agreed with the provider's score of 20.

Appellant's mother testified that Appellant has an upper tooth that will not come down without braces. She testified that the tooth physically bothers Appellant causing her pain.

Findings of Fact

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

1. Appellant seeks prior authorization for comprehensive orthodontic treatment.
2. Appellant's dental provider determined that Appellant has an overall HLD index score of 19.
3. Using measurements taken from Appellant's oral photographs, MassHealth's agent DentaQuest determined that Appellant had an overall HLD index score of 19.
4. Using measurements taken from Appellant's oral photographs, the MassHealth representative, who is a practicing orthodontist, also determined that Appellant had an overall HLD index score of 20.
5. Appellant does not have a "handicapping malocclusion" at this time.

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)).

Regulations at 130 CMR 420.431(C)(3) state in pertinent part:

Service Descriptions and Limitations: Orthodontic Services:

*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.*

(Emphasis supplied).

While Appellant would benefit from orthodontic treatment, the above-cited regulation is clear and unambiguous. MassHealth will cover orthodontic treatment “**only**” for recipients who have a “*handicapping malocclusion*.” Based on the informed and considered opinion of MassHealth’s agent, DentaQuest and the MassHealth representative, who is a practicing orthodontist, who both examined Appellant’s oral photographs and the other documentation submitted by the requesting dental provider, I find that Appellant does not meet the requirements of 130 CMR 420.428(G) insofar as she currently does not have the minimum objective score of 22 to indicate the presence of a “*handicapping malocclusion*.” Appellant’s own dental provider submitted an HLD score of only 19. DentaQuest and the MassHealth representative reached scores of 19 and 20 respectively. No one has submitted the required minimum score of 22. Accordingly, there is no basis to conclude that Appellant has a “*handicapping malocclusion*” at this time.

For the foregoing reasons, the appeal is DENIED.

If Appellant’s dental condition should worsen as she grows older, and her dental provider believes a handicapping malocclusion can be documented, a new prior authorization request can be filed at that time as long as Appellant is under the age of 21.

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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc: DentaQuest