

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2154535
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

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 June 1, 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 32 (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 20. The MassHealth representative testified his own review and measurements also yielded an overall score of 20.

The MassHealth representative explained the discrepancies between the providers score of 32 and the score of 20 determined both by the MassHealth representative and MassHealth agent DentaQuest. MassHealth agreed with the score the provider gave for crowding in the lower teeth, but disagreed with the amount of crowding reported on the upper teeth which the MassHealth representative characterized as mild. This resulted in the loss of 5 points. MassHealth also disagreed with the values the provider assigned to overjet (8) (MassHealth 6); overbite (8) (MassHealth 5) and labio-lingual spread (6) (MassHealth 4).

Appellant's mother testified that she did not know how the scoring worked. She testified that Appellant's bottom teeth are very crowded and that food gets stuck in her bottom teeth. She also testified that Appellant's bottom teeth touch the roof of her mouth

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 32.
3. Using measurements taken from Appellant's oral photographs, MassHealth's agent

DentaQuest determined that Appellant had an overall HLD index score of 20.

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*." Both DentaQuest and the MassHealth representative reached the same score of 20 and agreed with the areas that Appellant's dental provider had overscored.

Appellant has not met her burden. At hearing, Appellant's mother discussed the crowding of Appellant's lower teeth with which MassHealth agreed and scored consistently with Appellant's dental provider. She offered no other objective information

or documentation and presented no evidence that would support the reversal of MassHealth's determination.

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