

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2176358

**Decision Date:** 10/19/2021

**Hearing Date:** 10/04/2021

**Hearing Officer:** Marc Tonaszuck

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Harold Kaplan, DentaQuest



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Orthodontics
<b>Decision Date:</b>	10/19/2021	<b>Hearing Date:</b>	10/04/2021
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan, DentaQuest	<b>Appellant's Rep.:</b>	██████████
<b>Hearing Location:</b>	Quincy Harbor South		

## 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 08/06/2021, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 4). The appellant filed this appeal in a timely manner on 08/19/2021 (see 130 CMR 610.015(B) and Exhibit 2)<sup>1</sup>. Denial of a request for prior approval is a valid basis for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

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

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<sup>1</sup> In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends:
  - All appeal hearings will be telephonic; and
  - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431(E), in determining that the appellant is ineligible for comprehensive orthodontic treatment.

## Summary of Evidence

The appellant is a minor MassHealth member whose mother appeared at hearing via telephone. MassHealth was represented at hearing by Dr. Harold Kaplan, an orthodontic consultant from DentaQuest, the MassHealth dental contractor.

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and X-rays on 08/03/2021. 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 checked off on the HLD Index form that there was an automatic qualifying condition, specifically severe maxillary anterior (top, front six teeth) crowding greater than 8 mm. This condition, if verified, would warrant automatic approval of comprehensive orthodontic treatment. The provider's HLD Form did not otherwise calculate an HLD score.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 14, but the orthodontist could not verify an automatic qualifying condition. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
Overbite in mm	2	1	2
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: n/a Mandible: 5	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	2	1	2
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth	1	3	3

(excluding 3 <sup>rd</sup> molars)			
<b>Total HLD Score</b>			<b>14</b>

Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on 08/06/2021.

At hearing, Dr. Kaplan completed an HLD form based on a careful review of the X-rays and photographs. He determined that the appellant's overall HLD score was 17 points, less than the necessary 22 points. Additionally, he measured the crowding in the appellant's top front six teeth and got 1-2 mm. of crowding, not the necessary 8 mm. to form the basis of an automatic qualifying condition. Without a verified automatic qualifying condition or an HLD score of 22, MassHealth could not approve payment for the appellant's comprehensive orthodontics.

The appellant's mother testified that she is unable to let the appellant go to school because of the pain in her front teeth. She stated that the appellant had a gap in her front teeth, but now the right front tooth is on top of the other tooth. She has needed to make emergency visits to the doctor for pain medications.

## Findings of Fact

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

1. On 08/04/2021, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth (Exhibit 4).
2. The provider completed a Handicapping Labio-Lingual Deviations Form for the appellant; however, he did not calculate an HLD score (Exhibit 4).
3. The provider checked the box indicating that the appellant had a condition that warrants automatic approval of comprehensive orthodontic treatment, specifically that she has severe maxillary anterior crowding greater than 8 mm (Exhibit 4).
4. The provider did not include a medical necessity narrative with the prior authorization request (Exhibit 4).
5. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 14, but DentaQuest could not verify any automatic qualifying conditions (Exhibit 4).
6. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more or an automatic qualifying condition

(Testimony).

7. On 08/06/2021, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
8. On 08/19/2021, the appellant filed a timely appeal of the denial (Exhibit 2).
9. At hearing on 10/04/2021, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and X-rays and found an HLD score of 17, but no automatic qualifying condition (Testimony).
10. The MassHealth orthodontic consultant measured maxillary anterior crowding of 1-2 mm.
11. The appellant's HLD score is below 22.
12. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (cleft palate, severe maxillary anterior crowding greater than 8 mm, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, or reverse overjet greater than 3.5 mm).

## **Analysis and Conclusions of Law**

130 CMR 420.431(C) states, in relevant part, as follows:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime under the age of 21 and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on the 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 measuring malocclusion. 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. MassHealth has determined that a score of 22 or higher signifies a severe and handicapping malocclusion. MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of 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.

The appellant's provider did not provide an HLD score of the appellant's malocclusion. However, he did indicate that the appellant had an automatic qualifying condition, which would warrant payment for comprehensive orthodontics. Specifically, he indicated that the appellant has at least 8 mm of crowding in her front upper teeth. After reviewing the provider's submission, MassHealth found an HLD score of 14, but could not verify the severe maxillary anterior crowding, or any other automatic qualifying condition. Upon review of the prior authorization documents, at hearing a different orthodontic consultant found an HLD score of 17, but similarly, he could not find an automatic qualifying condition.

Dr. Kaplan made reference to the photographs provided by the appellant's orthodontic provider and he testified that there is no more than 2 mm. of crowding in her front top teeth. Because there was not at least 8 mm., she has not met the automatic qualifying condition for severe maxillary anterior crowding. Likewise, her malocclusion does not meet any of the other automatic qualifying conditions. The appellant's orthodontic provider has not alleged that the appellant has an HLD score of 22; and MassHealth was also not able to find a qualifying score. Dr. Kaplan, a licensed orthodontist, 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.

The appellant's mother did not address measurements; she asserted that the appellant has unbearable pain. No link was made between the pain and the appellant's orthodontic condition. Accordingly, MassHealth's testimony is given greater weight. As the appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines, MassHealth was correct in determining that she does not have a severe and handicapping malocclusion. Thus, this 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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA