

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2177665
Decision Date:	12/08/2021	Hearing Date:	11/08/2021
Hearing Officer:	Stanley Kallianidis		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Harold Kaplan



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Orthodontics
Decision Date:	12/08/2021	Hearing Date:	11/08/2021
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	██████
Hearing Location:	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 September 21, 2021, 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 October 4, 2021 (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).

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 via telephone by his mother. MassHealth was represented at hearing via telephone 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 and the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form, which requires a total score of 22 or higher for approval. The provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment, nor was there a medical necessity narrative. The provider's HLD Form indicated a finding of a total score of 24 (Exhibit 3).

DentaQuest was unable to score the appellant because it did not receive his records in time (Exhibit 3).

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

Dr. Kaplan testified that the provider's score of 24 was incorrect because the provider allotted 7 points for spacing in the back of the mouth and this is not allowed. Points are allotted only for spacing in the front of the mouth, he stated. A correct scoring would therefore give the appellant a total of 3 points for spacing and not the 10 points given by the provider.

The appellant's mother testified that her son needs braces and therefore should be eligible for them. She argued that the provider's score of 24 should not be questioned and that this would render the appellant eligible for orthodontic treatment.

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 24 (Exhibit 3).
3. The provider did not find any of the autoqualifying conditions, nor was a medical necessity narrative submitted (Exhibit 3).
4. DentaQuest was unable to determine an HLD score, and Dr. Kaplan determined an

HLD score of 17 (Exhibit 3 and testimony).

5. The provider's score of 24 incorrectly allotted 7 points for spacing in the rear of the mouth (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 the provider did not find any of the autoqualifying conditions, nor was a medical necessity narrative submitted. Therefore, a score of 22 or greater was needed in order for MassHealth to approved the appellant's orthodontic request. DentaQuest did not determine an HLD score, and Dr. Kaplan determined an HLD score of 17. I have also found that the provider's score of 24 incorrectly allotted 7 points for spacing in the rear of the mouth. This would result in a provider score of 17.

In conclusion, the appellant does not have a malocclusion that is handicapping based on conditions described in Appendix D of the Dental Manual and 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