

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2204182


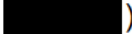
Decision Date: 7/19/2022

Hearing Date: 07/11/2022

Hearing Officer: Thomas Doyle

Record Open to:

Appearance for Appellant:

Pro se (in person with Mother, 
)

Appearance for MassHealth:

Dr. Harold Kaplan DMD, (by phone)

Interpreter:



*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:	PA – Dental Services
Decision Date:	7/19/2022	Hearing Date:	07/11/2022
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 2 (partially remote)	Aid Pending:	No

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 March 7, 2022, MassHealth denied the appellant's request for prior authorization of full orthodontic treatment. (see 130 CMR 420.431; Ex. 1). The appellant filed this appeal in a timely manner on June 1, 2022. (see 130 CMR 610.015(B); Ex. 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant's request for approval of the prior authorization request for braces or full and comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant's bite or malocclusion did not currently qualify for approval of comprehensive orthodontic treatment.

Summary of Evidence

The appellant is [REDACTED] and appeared at the hearing site in person with his mother. Both testified. The appellant's provider submitted a prior authorization request on the appellant's behalf

seeking MassHealth coverage for comprehensive orthodontic treatment. Along with photographs and x-rays, the provider submitted a Handicapping Labio-Lingual Deviations (HLD) Form, with a total score of 22 points. (Ex. 4, p. 8). DentaQuest, MassHealth's dental contractor, reviewed the submitted images and determined that the appellant's HLD Score was 14. (Ex. 4, p. 15). At hearing, it was explained by the MassHealth representative that MassHealth only pays for orthodontia when the member's bite is sufficiently severe to be considered handicapping. (Testimony). MassHealth uses the HLD Score to measure various aspects of a person's bite to determine if the member has a "handicapping malocclusion." This scale looks at nine characteristics of a bite to measure how the teeth work. Many children may be appropriate for orthodontic care but do not meet MassHealth's definition of a physically handicapping bite. After careful review, Dr. Kaplan performed his own measurements on the submitted images and he found 18 points on the HLD scale. (Testimony).

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 with photographs and x-rays. The provider's submitted HLD Form found a total score of 22. (Ex. 4).
2. Appellant's orthodontist did not submit a Medical Necessity Narrative. (Ex. 4, p. 9).
3. MassHealth denied comprehensive orthodontia, finding only 14 points on the HLD scale. (Ex. 4, p. 15).
4. Dr. Kaplan found a score of 18 points on the HLD scale. (Testimony by Dr. Kaplan.)

Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. (130 CMR 450.204; 130 CMR 420.410). In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq.,¹ covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 420.421 through 420.456. 130 CMR 420.421 (A) through (C).

The regulation at 130 CMR 420.431 contains the description and limitation for orthodontic

¹ 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual (ORM) publication as a source of additional explanatory guidance beyond the regulations. It is noted that references in the regulations to the "*Dental Manual*" include the pertinent state regulations, the administrative and billing instructions (including the HLD form), and service codes found in related subchapters and appendices. See <https://www.mass.gov/lists/dental-manual-for-masshealth-providers> and the ORM dated January 1, 2022, (available at <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>).

services. That regulation reads in relevant part as follows as to comprehensive orthodontic requests:

420.431: Service Descriptions and Limitations: Orthodontic Services

(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. ...

(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. ... (emphasis added).*

Appendix D of the Dental Manual contains the current HLD Authorization Form found in Exhibit 4. As indicated by the paper record, the MassHealth testimony, and the relevant regulations, appendices, and manuals (including the HLD Authorization form), MassHealth approves comprehensive orthodontic treatment only when the member meets one of the three following requirements:

- (1) the member has an “auto qualifying” condition as described by MassHealth in the HLD Index;
- (2) the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD Index; or
- (3) comprehensive orthodontic treatment is medically necessary for the member, as demonstrated by a medical necessity narrative letter and supporting documentation submitted by the requesting provider. Usually this involves a severe medical condition that can include atypical or underlining health concerns which may be either dental or non-dental.

Appellant’s orthodontist claimed no automatic qualifying condition. (Ex. 4, p.8). He also did not submit a Medical Necessity Narrative. (Ex. 4, p. 9). That leaves only a need to review the HLD scores to see if appellant’s bad bite or malocclusion is severe enough to qualify as a handicapping malocclusion. The MassHealth standard requires a current score of 22 on the HLD form. Appellant’s orthodontist submitted an HLD score of exactly 22. (Ex. 4, p. 8). DentaQuest scored a 14 on the HLD form. (Ex. 4, p. 15). Dr. Kaplan testified that he looked very carefully at the evidence and he scored an 18 on the HLD form. (Testimony). Dr. Kaplan stated the difference between his score on the HLD and appellant’s orthodontist’s score on the HLD was in the scoring of the Labio-Lingual spread (anterior spacing). Appellant’s orthodontist scored this metric as a 13. (Ex. 4, p. 8). DentaQuest scored it as an 8. (Ex. 4, p. 15). Dr. Kaplan did not testify to his exact score for this metric on the HLD form. Dr. Kaplan explained that to score the Labio-Lingual spread, you only count the front (anterior) of the mouth, not behind (posterior) the eye teeth. He stated, based upon his careful examinations of the photos, that appellant’s orthodontist counted spaces posterior to the eye teeth and derived a score of 13. Dr. Kaplan is a board certified orthodontist and at hearing, he demonstrated a familiarity with the HLD index. His measurements

are credible and his determination of the overall HLD score is consistent with the evidence. Both DentaQuest and Dr. Kaplan got a score of lower than 13 on the Labio Lingual spread after careful examination of the photos. Moreover, Dr. Kaplan was available to be questioned by the hearing officer and cross examined by the appellant.

Neither appellant nor his mother provided any substantive testimony to challenge MassHealth's measurements. The mother of appellant stated that appellant had a loose bottom tooth that needed to be pulled because she was told it would cause an infection of his gum line. Dr. Kaplan testified a loose tooth was not an issue for orthodontics and I find it is irrelevant to the issue of this appeal.

Based on the totality of the evidence, I conclude that the appellant does not have a severe and handicapping malocclusion and MassHealth was correct in denying the prior authorization for comprehensive orthodontic treatment.

MassHealth's action is upheld and the 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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA