

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2205873

**Decision Date:** 11/10/2022

**Hearing Date:** 09/19/2022

**Hearing Officer:** Radha Tilva

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Harold Kaplan (DentaQuest consultant)

**Interpreter:** Margherita (Spanish 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	PA - orthodontic
<b>Decision Date:</b>	11/10/2022	<b>Hearing Date:</b>	09/19/2022
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	Quincy Harbor South	<b>Aid Pending:</b>	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 July 26, 2022, MassHealth determined that appellant is ineligible for comprehensive orthodontic treatment (Exhibit 1). The appellant filed this appeal in a timely manner on August 19, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

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

## Issue

The appeal issue is whether MassHealth was correct in denying appellant's prior authorization request for comprehensive orthodontic treatment.

## Summary of Evidence

The appellant is a minor MassHealth member who was represented by telephone by his mother. MassHealth was represented at the hearing by Dr. Harold Kaplan, an orthodontic consultant from DentaQuest. DentaQuest is the third-party company that currently administers and manages the dental program available to MassHealth members, including the appellant.

The appellant's provider submitted a Prior Authorization ("PA") request for comprehensive orthodontic treatment, including an x-ray and photographs, on July 12, 2022. As required, the provider completed the MassHealth Handicapping Labio-Lingual Deviations Index ("HLD Index"), which requires a total score of 22 or higher for approval, however, the provider's HLD Index did not indicate a score. When DentaQuest initially evaluated this PA request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 15. At hearing, Dr. Kaplan completed an HLD Index based on a review of the records and also determined that appellant had less than the required 22 points.

MassHealth will also approve a PA request, without regard for the HLD numerical score, if there is evidence of an auto qualifier such as 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. The provider noted that appellant met one auto qualifier, a deep, impinging overbite (Exhibit 6). Dr. Kaplan disagreed and stated that appellant has a deep bite, but it is not impinging as the tissue was still healthy on the roof of his mouth.

The appellant's mother testified that the denial was not fair. She is a poor, single mother who cannot afford orthodontic treatment and her child is suffering and crying because of his teeth. The mother further testified that her son bites his tongue and is desperate for help right now.

## **Findings of Fact**

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

1. Appellant's provider submitted a Prior Authorization ("PA") request for comprehensive orthodontic treatment, including an x-ray and photographs, on July 12, 2022.
2. Appellant's request was denied on July 26, 2022 by MassHealth.
3. MassHealth requires an HLD score of 22 or higher or that appellant meets an autoqualifier in order to be eligible for MassHealth to cover comprehensive orthodontic treatment.
4. Appellant's provider did not provide a score and MassHealth found less than 22 points.
5. Appellant's provider noted that appellant had a deep, impinging overbite.
6. There is no evidence of tissue damage to the roof of appellant's mouth.

## **Analysis and Conclusions of Law**

Regulation 130 CMR 420.431(E) contains the relevant MassHealth regulation which discusses how a MassHealth member (who, like the appellant, is under 21 years of age at the time of the PA request) may receive approval on a PA request for comprehensive orthodontic treatment. The regulation reads, in part, as follows:

The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age 21 per lifetime and only when the member has a severe and handicapping malocclusion. The MassHealth agency determines whether a malocclusion is severe and handicapping based on the clinical standards described in Appendix D of the Dental Manual.

Appendix D of the Dental Manual is the “MassHealth Handicapping Labio-Lingual Deviations Index,” 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. It is undisputed that appellant has an HLD score less than 22. Appellant’s own provider did not submit an HLD score and both DentaQuest and the MassHealth consultant agree that appellant’s score is less than the required 22 points.

MassHealth will also approve a PA request, without regard for the HLD numerical score, if there is evidence of a 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. The provider noted a deep, impinging overbite.

The HLD form defines an impinging overbite as a bite “with evidence of occlusal contact into the opposing soft tissue” (Exhibit 6, p. 10). There is no evidence presented which shows that appellant has severe soft tissue damage to the palate of his mouth. Moreover, the letter from the provider does not document any soft tissue damage. Absent any evidence demonstrating that appellant has soft tissue damage on his palate, MassHealth is correct in determining that he does not have a deep, impinging overbite.

Based on the above analysis appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines and MassHealth was correct in determining that he does not have a severe and handicapping malocclusion at this time. Accordingly, 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.

---

Radha Tilva  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA