

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2208049
Decision Date:	12/7/2022	Hearing Date:	11/30/2022
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Father

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:	Orthodontics
Decision Date:	12/7/2022	Hearing Date:	11/30/2022
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Father
Hearing Location:	Remote		

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 October 13, 2022, MassHealth denied Appellant's request for prior authorization of comprehensive orthodontic treatment (130 CMR 420.431 and Exhibit 1). Appellant filed this appeal in a timely manner on October 28, 2022 (130 CMR 610.015; Exhibit 2). Denial of a request for prior authorization is a valid ground for appeal (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, pursuant to 130 CMR 420.431, in denying Appellant's prior authorization request for comprehensive orthodontic services.

Summary of Evidence

MassHealth was represented at hearing by Dr. Harold Kaplan, an orthodontic consultant from DentaQuest, which is the MassHealth dental contractor. Dr. Kaplan testified that he is a licensed orthodontist with many years of clinical experience. Appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment. Dr. Kaplan noted that the

request included only a panoramic X-ray and no photographs. Appellant's orthodontic provider completed the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval, and recorded a score of 14 points (Exhibit 1, p. 10). Appellant's orthodontic provider's HLD Form also indicates impactions and crowding more than 10mm, each of which is an autoqualifier. A medical necessity narrative was not submitted with the request. Dr. Kaplan testified that the prior authorization request was denied because the panoramic X-Ray shows that Appellant's 1st permanent molars and 1st permanent bicuspid have not erupted into place and therefore it is too early to begin comprehensive orthodontic treatment under MassHealth requirements. Dr. Kaplan added that there is evidence of crowding, but because baby teeth are still present HLD measurements were not calculated. He also testified that it is too early to determine whether impactions exist until deciduous (baby) teeth fall out or are extracted. Therefore, autoqualifiers cannot be determined until permanent dentition erupts. Dr. Kaplan suggested submitting a prior authorization request with complete X-Rays and photographs after Appellant's 1st permanent molars and 1st permanent bicuspid have erupted.

Appellant was represented by her father who stated that Appellant still has baby teeth which may have to be extracted if they do not fall out on their own. He testified that he has had many conversations with the orthodontist about starting treatment as soon as possible and requested a written explanation for the denial to discuss with the orthodontist.

Findings of Fact

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

1. Appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment that included only a panoramic X-ray and no photographs.
2. Appellant's orthodontic provider completed the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval and recorded a score of 14 points.
3. Appellant's orthodontic provider's HLD Form indicates impactions and crowding more than 10mm.
4. A medical necessity narrative was not submitted with the request.
5. Appellant has deciduous (baby) teeth in place.
6. Appellant's 1st permanent molars and 1st permanent bicuspid have not erupted into place.
7. Appellant does not have craniofacial anomalies such as cleft lip or cleft palate.

Analysis and Conclusions of Law

Regulation 130 CMR 420.431(C)(3) states in relevant part:

Comprehensive orthodontic care should commence when the first premolars and 1st permanent molars have erupted. It should only include the transitional dentition in cases with craniofacial anomalies such as cleft lip or cleft palate. Comprehensive treatment may commence with second deciduous molars present.

Dr. Kaplan, a licensed orthodontist with many years of clinical experience, testified that it is too early to determine impactions and crowding with deciduous teeth still present. Moreover, the panoramic X-Ray submitted with the prior authorization request shows that Appellant's 1st permanent molars and 1st permanent bicuspids have not yet erupted. I find Dr. Kaplan's testimony credible and supported by the radiographic evidence submitted with the prior authorization request.

Further, regulation 130 CMR 420.431(C)(3) states in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age 21 per lifetime and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on the clinical standards 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 handicapping malocclusion. The issues concerning the eruption of permanent dentition notwithstanding, Appellant's orthodontic provider indicated an overall HLD score of 14 which is below the required 22 points.

For the reasons above the appeal must be denied; however, the MassHealth agency pays for a pre-orthodontic treatment examination for members younger than 21 years of age, once per six (6) months per member, and only for the purpose of determining whether orthodontic treatment is medically necessary and can be initiated before the member's twenty-first birthday (130 CMR 420.421(C)(1)). Thus, Appellant can be reevaluated for comprehensive orthodontics, and submit a new prior authorization request 6 months after the last evaluation.

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 J. Goode
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA