

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2300100
<b>Decision Date:</b>	2/8/2023	<b>Hearing Date:</b>	02/06/2023
<b>Hearing Officer:</b>	Casey Groff, Esq.		

**Appearance for Appellant:**



**Appearance for MassHealth:**  
Harold Kaplan, D.M.D., 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>	Prior Authorization; Orthodontic Services
<b>Decision Date:</b>	2/8/2023	<b>Hearing Date:</b>	02/06/2023
<b>MassHealth's Rep.:</b>	Harold Kaplan, DMD	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	Board of Hearings (Remote)	<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 December 12, 2022, MassHealth informed Appellant, a minor, that it denied his prior authorization (PA) request for comprehensive orthodontic treatment. See Exhibits 2 and 4. Appellant's mother filed a timely appeal of the decision on January 5, 2023. See 130 CMR 610.015(B) and Exhibit 1. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth denied Appellant's PA request for comprehensive orthodontic treatment.

## Issue

The appeal issue is whether MassHealth correctly denied Appellant's PA request for comprehensive orthodontic treatment.

## Summary of Evidence

At hearing, MassHealth was represented by Dr. Harold Kaplan, D.M.D. a board-certified orthodontist and consultant from DentaQuest. DentaQuest is the third-party contractor that administers and manages MassHealth's dental program. Through testimony and documentary submissions, the MassHealth representative presented the following evidence: On December 8, 2022, Appellant's orthodontic provider sent MassHealth a prior authorization (PA) request seeking coverage of comprehensive orthodontic treatment (D8080) with periodic orthodontic treatment visits (D8670). See Exh. 4. Appellant is a MassHealth member under the age of 18. Id. On December 12, 2022, MassHealth denied the PA request based on a finding that the documentation submitted by the provider failed to demonstrate medical necessity for the proposed treatment. See id. at 3-5.

Dr. Kaplan explained that MassHealth will only authorize coverage for comprehensive orthodontic treatment when there is evidence of a handicapping malocclusion. MassHealth uses a Handicapping Labio-Lingual Deviations (HLD) Index to determine whether a handicapping malocclusion exists. Under this methodology, objective measurements are taken from the subject's teeth to generate an overall numeric score representing the degree to which a case deviates from normal alignment and occlusion. MassHealth does not consider a condition to be "physically handicapping" unless the individual's HLD score is verified to be 22 points or higher, or if there is evidence that the member has an "auto-qualifying" condition.

Dr. Kaplan testified that Appellant's orthodontist measured an HLD score of only eight (8) points. See id. at 9. The PA request did not identify the presence of an auto-qualifying condition or cite any alternative ground for the requested treatment. A MassHealth dental consultant from DentaQuest reviewed the PA request, which included Appellant's relevant dental records, oral and facial photographs, a side x-ray, and panoramic x-ray. Using the documentation provided, the reviewing consultant found Appellant had an HLD score of 11 points. Id. at 13. Based on these findings, MassHealth denied the prior authorization request pursuant to its December 12<sup>th</sup> notice. Id. at 2. Dr. Kaplan testified that in advance of this hearing, he conducted a secondary review of Appellant's dental records. Consistent with the previous measurements, Dr. Kaplan could, at the very most, measure an HLD score of 17 points. Because none of the measurements, including those rendered by Appellant's own orthodontist, reached a score of 22 points, Dr. Kaplan upheld the MassHealth denial.

Appellant's mother appeared at the hearing and argued that the requested orthodontic treatment is necessary. She testified that her son's teeth are not lined up correctly; his top front teeth are crooked and overlapping. He also has an overbite. The tight spacing of teeth causes discomfort and bleeding in his gums. The discomfort in his gums is not due to lack of oral hygiene, as Appellant brushes his teeth two times per day and regularly flosses. Appellant's mother asserted that her son needs braces to help straighten his teeth, and he should receive this treatment before his condition becomes worse.

## **Findings of Fact**

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

1. On December 8, 2022, Appellant's orthodontic provider sent MassHealth a PA request on behalf of Appellant seeking coverage of comprehensive orthodontic treatment.
2. Appellant is MassHealth member under the age of 18.
3. In the PA request, the provider reported a finding that Appellant had an HLD score of 8 points.
4. In reviewing the PA request, which included Appellant's dental records, oral and facial photographs, and x-rays, a MassHealth dental consultant calculated an HLD score of 11.
5. On December 12, 2022, MassHealth denied the PA request based on a finding that the documentation submitted by the provider failed to demonstrate medical necessity for the proposed treatment
6. At hearing, the MassHealth representative – a board certified orthodontist and dental consultant - conducted a secondary review of Appellant's dental records and calculated an HLD under the requisite 22 points, thereby affirming the MassHealth denial.

## Analysis and Conclusions of Law

MassHealth regulations governing coverage of orthodontic treatment provides, in relevant part, the following:

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 clinical standards for medical necessity as described in Appendix D of the *Dental Manual*.

See 130 CMR 420.431(C)(3) (emphasis added).

Appendix D of the *Dental Manual* is the Authorization Form for Comprehensive Orthodontic Treatment and consists of the “Handicapping Labio-Lingual Deviations” (HLD) Index. The HLD Index is quantitative and objective method used to determine the existence of a handicapping malocclusion. See Exh. 4. Under this methodology, a series of measurements are taken in the subject's mouth to determine the degree to which aspects of their teeth deviate from normal alignment and occlusion. Each measurement is assigned a score, the sum of which equals a single overall HLD score. MassHealth has determined that an HLD score of 22 or higher signifies a handicapping malocclusion. See *Dental Manual*, Appendix D. Additionally, MassHealth will approve coverage for orthodontic treatment, without regard for the HLD numerical score, if there is evidence that the member has an “auto-qualifying” condition. Id.

The HLD Index lists 13 separate auto-qualifying conditions which a provider may check, if applicable, as a basis for the requested treatment. See id. The HLD form explicitly states that ***MassHealth will authorize treatment only “for cases with verified auto-qualifiers or verified scores of 22 and above.”*** See id. (emphasis added). Finally, in cases where a member does not meet the threshold HLD score or have an auto-qualifying condition, MassHealth will consider coverage of braces if the provider and/or other involved clinician(s) submit a “medical necessity narrative” that details, why, in the provider’s clinical and professional opinion, that comprehensive orthodontic treatment is medically necessary to treat the malocclusion.<sup>1</sup>

In this case, Appellant’s orthodontist requested MassHealth cover the cost of proposed orthodontic treatment based upon a finding that Appellant had an HLD score of 8 points. See Exh. 4. In reviewing Appellant’s PA request, and the photographs and x-rays contained therein, a MassHealth orthodontic consultant measured an HLD score of 11 points. See id. Because neither provider, nor the reviewing MassHealth consultant found Appellant had an HLD score of 22 points or more, MassHealth denied the requested treatment. See id. at 3-6. As part of the fair hearing process, a different MassHealth orthodontic consultant – Dr. Kaplan - performed a secondary review of Appellant’s records. Consistent with the prior findings, Dr. Kaplan also measured an HLD score under the requisite 22 points. While Appellant’s mother presented evidence indicating her son would likely benefit from braces, there is no evidence in the record to indicate his condition qualifies as a “handicapping malocclusion.” See 130 CMR 420.431(C)(3). Accordingly, MassHealth did not err in denying Appellant’s PA request for coverage of orthodontic treatment.

The appeal is DENIED.

## Order for MassHealth

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<sup>1</sup> Under Appendix D of the Dental Manual the “medical necessity narrative” must further show that the treatment will 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 a 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. The medical necessity narrative must clearly demonstrate why comprehensive orthodontic treatment is medically necessary for the patient. If any part of the requesting provider’s justification of medical necessity involves a mental, emotional, or behavioral condition; a nutritional deficiency; a speech or language pathology; or the presence of any other condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, then the narrative and any attached documentation must: (1) clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g., general dentist, oral surgeon, physician, clinical psychologist, clinical dietitian, speech therapist); (2) describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment; (3) state the specific diagnosis or other opinion of the patient’s condition furnished by the identified clinician(s); (4) document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made); (5) discuss any treatments for the patient’s condition (other than comprehensive orthodontic treatment) considered or attempted by the clinician(s); and (6) provide any other relevant information from the clinician(s) that supports the requesting provider’s justification of the medical necessity of comprehensive orthodontic treatment.

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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Casey Groff, Esq.  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA