

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2300429
<b>Decision Date:</b>	3/1/2023	<b>Hearing Date:</b>	02/22/2023
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Orthodontics
<b>Decision Date:</b>	3/1/2023	<b>Hearing Date:</b>	02/22/2023
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	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 January 2, 2023, 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 January 17, 2023 (130 CMR 610.015; Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied 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 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 with X-rays and

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 6 points. Appellant's orthodontic provider's HLD Form does not record any autoqualifiers and does not include a medical necessity narrative (Exhibit 4, pp. 8-10). A DentaQuest reviewing orthodontist completed HLD measurements based on photographs and X-rays and arrived at a score of 0 points (Exhibit 4, p. 15). Dr. Kaplan testified that he carefully reviewed and measured the photographs and X-rays and calculated a score of 6 points. Dr. Kaplan testified that he measured 2 points each for a slight overbite, slight crowding, and slight overjet. Otherwise, Appellant's teeth are well aligned and in good condition. Because the HLD scoring submitted by Appellant's orthodontist, DentaQuest and Dr. Kaplan agree that there are fewer than 22 points, the prior authorization request was denied.

Appellant appeared on his own behalf and testified that he is [REDACTED] years old, and was approved by MassHealth for orthodontic treatment in 2017-2018 when he was residing in a Department of Children & Families (DCF) group home. He had the braces on for a few months, but they were removed against his wishes in 2018. Appellant stated that his orthodontist said he needed braces, and he wants a continuation of the prior services primarily because he grinds his teeth while sleeping.

Dr. Kaplan added that orthodontic treatment is approved once per lifetime per member, but in addition, Appellant does not have a handicapping malocclusion as evidenced by the photographs, X-rays, and HLD scoring.

## **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 with X-rays and 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 6 points.
3. Appellant's orthodontic provider's HLD Form does not record any autoqualifiers, and does not include a medical necessity narrative.
4. A DentaQuest reviewing orthodontist and Dr. Kaplan completed the HLD measurements based on photographs and X-rays and arrived at scores of 0 points and 6 points, respectively.
5. Appellant has a slight overbite, slight crowding, and slight overjet. Otherwise, Appellant's teeth are well aligned and in good condition.

## Analysis and Conclusions of Law

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. Appellant’s orthodontic provider’s HLD Form records a score of 6 points, and does not indicate any autoqualifiers, or a medical necessity narrative. A DentaQuest reviewing orthodontist and Dr. Kaplan scored 0 and 6 points respectively on the HLD Form. Dr. Kaplan testified credibly that Appellant has a slight overbite, slight crowding, and slight overjet, and otherwise, Appellant’s teeth are well aligned and in good condition. Dr. Kaplan’s testimony is credible based on his many years of clinical experience and is corroborated by the photographs and X-rays submitted with the request (Exhibit 4, pp. 11-14). Because Appellant’s HLD score is below the required 22 points and no other conditions warranting approval have been identified, 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.<sup>1</sup>

## Order for MassHealth

None.

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<sup>1</sup> MassHealth based its denial on HLD scoring and did not submit records showing that MassHealth paid for orthodontic treatment in 2018. Therefore, this hearing decision is based only on HLD scoring to determine whether Appellant has a handicapping malocclusion, and not whether Appellant has already received orthodontic treatment.

## **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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Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA