

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2301688
<b>Decision Date:</b>	4/4/2023	<b>Hearing Date:</b>	03/29/2023
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Mother

**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>	4/4/2023	<b>Hearing Date:</b>	03/29/2023
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Rep.:</b>	Mother
<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 February 19, 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 March 2, 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 22 points. Appellant's orthodontic provider's HLD Form does not record any autoqualifiers and does not include a medical necessity narrative (Exhibit 1, pp. 7-11). Dr. Kaplan testified that a DentaQuest reviewing orthodontist completed HLD measurements based on photographs and X-rays and arrived at a score of 15 points with no points allowed for anterior crowding (Exhibit 1, p. 12). Dr. Kaplan testified that he carefully reviewed and measured the photographs and X-rays and calculated a score of 16 points. Dr. Kaplan testified that he did not attribute any points to anterior crowding because the photographs show that the two central incisors overlap, however, the maxillary anterior region of the mouth has sufficient space for the teeth to realign. Therefore, the prior authorization request was denied.

Appellant's mother testified that the orthodontist who submitted the prior authorization request also treated her daughter, and she trusts the scoring submitted. She added that Appellant is experiencing jaw pain because of his overbite which should be a factor.

## **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 22 points, with 5 points attributed to anterior crowding.
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 completed the HLD measurements based on photographs and X-rays and arrived at scores of 15 points, with no points attributed to anterior crowding.
5. Dr. Kaplan completed the HLD measurements based on photographs and X-rays and arrived at scores of 16 points, with no points attributed to anterior crowding.
6. Appellant's two central incisors overlap, however, the maxillary anterior region of the mouth has sufficient space for the teeth to realign.

## **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 22 points, does not indicate any autoqualifiers, or a medical necessity narrative. Appellant’s orthodontist attributed 5 points to maxillary anterior crowding. A DentaQuest reviewing orthodontist and Dr. Kaplan scored 15 points and 16 points respectively on the HLD Form. Both the DentaQuest reviewing orthodontist and Dr. Kaplan attributed no points to anterior crowding. Dr. Kaplan, who is a licensed orthodontist with many years of clinical experience, testified that photographs show Appellant’s two central incisors overlap, however, the maxillary anterior region of the mouth has sufficient space for the teeth to realign. Based on his clinical experience and testimony, which is corroborated by the DentaQuest reviewing orthodontist’s findings, Dr. Kaplan’s testimony is credible, and the appeal is therefore 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.

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Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA