

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2305971
<b>Decision Date:</b>	08/24/2023	<b>Hearing Date:</b>	08/22/2023
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Appellant with Mother

**Appearance for MassHealth:**  
Dr. Harold Kaplan, DMD

**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>	Orthodontics
<b>Decision Date:</b>	08/24/2023	<b>Hearing Date:</b>	08/22/2023
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	Tewksbury		

### 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 June 11, 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 July 20, 2023 (130 CMR 610.015; Exhibit 2). Denial of a request for prior authorization is a valid ground for appeal (130 CMR 610.032). A hearing was scheduled for August 21, 2023 and rescheduled by the Board of Hearings to August 22, 2023 (Exhibit 3).

### 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 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 which included 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 9 points (Exhibit 1, p. 10). Dr. Kaplan testified that a DentaQuest reviewing orthodontist completed HLD measurements based on photographs and X-rays and arrived at a score of 11 points (Exhibit 1, p. 16). After examining Appellant's dentition at hearing, Dr. Kaplan testified to a score of 16 points, noting minor crowding in Appellant's lower teeth. Dr. Kaplan upheld the denial because all reviewing orthodontists including Appellant's provider scored below 22 points. Dr. Kaplan explained that Appellant can be evaluated every 6 months to determine whether her condition meets criteria.

Appellant's mother testified that Appellant has a history of weight loss and has trouble eating because her teeth hurt. She questioned why MassHealth will not approve orthodontics to prevent Appellant's condition from worsening.

## 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 includes 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 9 points.
3. No autoqualifying conditions are identified.
4. A DentaQuest reviewing orthodontist completed HLD measurements based on photographs and X-rays and arrived at a score of 11 points.
5. After examining Appellant's dentition at hearing Dr. Kaplan scored 16 points and noted some minor crowding in Appellant's lower teeth.

## **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 (HLD) Form 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 established that a score of 22 or higher signifies a handicapping malocclusion.

Dr. Kaplan is a licensed orthodontist with many years of clinical experience and is qualified to testify on behalf of MassHealth. After examining Appellant's dentition at hearing, Dr. Kaplan testified that he scored a total of 16 points and noted some minor crowding in Appellant's lower teeth. Appellant's orthodontic provider completed the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 points or higher for approval and recorded a score of 9 points. A DentaQuest reviewing orthodontist completed HLD measurements based on photographs and X-rays and arrived at a score of 11 points. Because all reviewing orthodontists including Appellant's provider scored below 22 points, and no autoqualifying conditions are identified, MassHealth correctly upheld the June 11, 2023 denial for comprehensive orthodontics.

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 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