

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307322
Decision Date:	10/5/2023	Hearing Date:	10/5/2023
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Appellant with Mother

Appearance for MassHealth:
Dr. Harold Kaplan, DMD

Interpreter:
Language Line



*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:	10/05/2023	Hearing Date:	10/05/2023
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Mother
Hearing Location:	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 August 1, 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 August 21, 2023 (130 CMR 610.015 and 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 by Dr. Harold Kaplan, an orthodontic consultant from the MassHealth contractor DentaQuest. 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 includes 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 15 points (Exhibit 1, p. 10). Appellant's orthodontic provider also indicated an autoqualifying condition for spacing greater than 10 mm in either the maxillary or mandibular arch. Dr. Kaplan testified that a DentaQuest reviewing orthodontist completed HLD measurements based on photographs and X-rays and arrived at a score of 14 points, with no autoqualifying conditions identified (Exhibit 1, p. 13). After examining Appellant's dentition at hearing, Dr. Kaplan testified to his HLD score of 17 HLD points. Dr. Kaplan testified that Appellant's maxillary arch shows spacing equating to 4mm, and the mandibular arch shows spacing equating to 8mm. Because spacing in either arch is not greater than 10mm and HLD scoring is below 22 points, Dr. Kaplan upheld the denial.

Appellant's mother testified that she understood the reasons for the denial and would resubmit a prior authorization request in the future.

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 15 points.
3. Appellant's orthodontic provider indicated an autoqualifying condition for spacing greater than 10mm in either the maxillary or mandibular arch.
4. A DentaQuest reviewing orthodontist completed HLD measurements based on photographs and X-rays and arrived at a score of 14 points, with no autoqualifying conditions identified.
5. After examining Appellant's dentition at hearing Dr. Kaplan scored 17 HLD points.

6. Appellant's HLD score is below 22 points.
7. Appellant's maxillary arch shows spacing equating to 4mm, and the mandibular arch shows spacing equating to 8mm.

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. Further, Appendix D of the *Dental Manual* designates for automatic approval: "crowding or spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth. Does not include extracted, congenitally missing, or supernumerary teeth. Indicate an "X" on the form. (This is considered an autoqualifying condition.)"¹

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 17 points on the HLD form. Dr. Kaplan also testified that Appellant's maxillary arch shows spacing equating to 4mm, and the mandibular arch shows spacing equating to 8mm. I find his testimony credible and conclude that Appellant's HLD score is below 22 points; and Appellant does not have spacing in either arch that exceeds 10 mm. Therefore, Appellant does not meet MassHealth criteria at this time. 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 420.431(C)(1)). Thus, Appellant can be reevaluated for comprehensive orthodontics, and submit a new prior authorization request 6 months after the last evaluation.

¹ See MassHealth Dental Manual, Transmittal DEN 111, 10/15/2021 available at: <https://www.mass.gov/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download>

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