

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307946
Decision Date:	10/10/2023	Hearing Date:	10/05/2023
Hearing Officer:	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

Appeal Decision:	Denied	Issue:	Orthodontics
Decision Date:	10/10/2023	Hearing Date:	10/5/2023
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Mother
Hearing Location:	Tewksbury MEC		

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 8, 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 September 6, 2023 (130 CMR 610.015 and 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 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 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 13 points, and did not record any autoqualifiers or include a medical necessity narrative (Exhibit 1, pp. 9-11). A DentaQuest reviewing orthodontist completed HLD measurements based on photographs and X-rays and arrived at a score of 18 points (Exhibit 1, p. 16). Dr. Kaplan testified that he carefully reviewed and measured the photographs and X-rays and calculated a score of 19 points. 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's mother appeared at hearing and testified that Appellant needs orthodontic treatment because his teeth are overlapping which causes him pain. Appellant did not attend the hearing.

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 13 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 18 points and 19 points, respectively.
5. Appellant's HLD score is below 22 points.

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 13 points, and does not indicate any autoqualifiers, or include a medical necessity narrative. A DentaQuest reviewing orthodontist and Dr. Kaplan scored 18 and 19 points respectively on the HLD Form. Because Appellant’s HLD score is below the required 22 points and no other conditions for 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 420.431(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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA