

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2405622
Decision Date:	5/28/2024	Hearing Date:	05/22/2024
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se with Father

Appearance for MassHealth:
Dr. Harold Kaplan



*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:	5/28/2024	Hearing Date:	05/22/2024
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Pro se with Father
Hearing Location:	Tewksbury MassHealth Enrollment Center	Aid Pending:	No

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 March 19, 2024, 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 April 8, 2024 (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 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

An interpreter was provided by the Board of Hearings. 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 with X-rays and photographs. A letter of medical necessity was not submitted. Appellant's orthodontic provider submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval. Appellant's orthodontist did not record scores based on HLD measurements; rather, the provider identified an overjet greater than 9mm¹ which is an autoqualifying condition that would result in approval. Dr. Kaplan testified that a DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 15 HLD points with no autoqualifying conditions identified (Exhibit 1, p. 7). Dr. Kaplan testified that he carefully reviewed the photographs and X-rays and after examining and measuring Appellant's dentition at hearing, arrived at a HLD score of 20 points with no autoqualifying conditions identified. Dr. Kaplan reviewed how measurements are taken and stated that Appellant has a large overjet that measures 7mm, which does not meet the required 9mm for automatic approval.

Appellant and her father testified that Appellant needs braces to correct Appellant's teeth.

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 submitted the Handicapping Labio-Lingual Deviations (HLD) Form without HLD scores.
3. Appellant's orthodontic provider identified an overjet greater than 9mm which is an autoqualifying condition that would result in approval.
4. A letter of medical necessity was not submitted with the request.
5. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 15 HLD points with no autoqualifying conditions identified.
6. Dr. Kaplan scored 20 HLD points with no autoqualifying conditions identified.

¹ Millimeters.

7. Appellant has a large overjet that measures 7mm.

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.

Here, Appellant’s orthodontic provider submitted the Handicapping Labio-Lingual Deviations (HLD) Form without recording HLD scores and indicated an overjet greater than 9mm which would be an autoqualifying condition.² Dr. Kaplan demonstrated how an orthodontic instrument is used to measure overjet, and measured 7mm which does not meet the required 9mm or greater for automatic approval. Because Dr. Kaplan, a licensed orthodontist with many years of clinical experience, carefully measured Appellant’s dentition at hearing, I find his testimony credible that Appellant’s overjet measures 7mm and does not meet the required 9mm or greater for automatic approval. Dr. Kaplan’s testimony is also corroborated by the DentaQuest reviewing orthodontist who did not identify an overjet greater than 9mm based on a review of the photographs and X-rays submitted with the request.

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 420.421(C)(1)). Appellant can be reevaluated for comprehensive orthodontics and submit a new prior authorization request six months after the last evaluation.

² See Exhibit 1, p. 10, and the 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>. Overjet Greater Than 9mm: This is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor. The measurement could apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the form. Indicate an “X” on the form. (This is considered an autoqualifying condition.)

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 2, MA