

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2406408
Decision Date:	05/31/2024	Hearing Date:	05/22/2024
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Harold Kaplan

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

Appeal Decision:	Denied	Issue:	Orthodontics
Decision Date:	05/31/2024	Hearing Date:	05/22/2024
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Pro se with mother
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 April 9, 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 22, 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

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 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 impacted teeth numbers 18 and 31 which is an autoqualifying condition that would result in approval (Exhibit 1, p. 10). Dr. Kaplan testified that a DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 8 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. Dr. Kaplan testified that impacted teeth cannot be seen in the mouth. Dr. Kaplan testified that Appellant's orthodontist described as impacted two lower second molars which are present in Appellant's mouth and are not impacted; however, the two teeth are ectopic¹ and increased his HLD score. Dr. Kaplan testified that because the teeth are not impacted, there is no autoqualifying condition. Further, because Appellant's orthodontist did not complete HLD scoring, the denial was upheld.

Appellant's mother testified that Appellant has been bullied at school because of her teeth and needs braces to correct her dental condition.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. Appellant's orthodontist did not record scores based on HLD measurements; rather, the provider identified as impacted teeth Nos. 18 and 31 which are two lower second molars.
2. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 8 HLD points with no autoqualifying conditions identified.
3. After reviewing X-rays and photographs and examining Appellant's dentition at hearing, Dr. Kaplan arrived at a HLD score of 20 points, and no autoqualifying conditions.
4. Impacted teeth cannot be seen in the mouth.

¹ See HLD form at Exhibit 1, pp. 7,10: Ectopic eruption refers to an unusual pattern of eruption, such as high labial cuspids.

5. Teeth Nos. 18 and 31 are present in Appellant's mouth.
6. Teeth Nos. 18 and 31 are ectopic and increase the HLD scoring.

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 did not record scores based on HLD measurements; rather, the provider identified as impacted teeth numbers 18 and 31 which would be an autoqualifying condition resulting in approval.² Dr. Kaplan testified that a DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 8 HLD points with no autoqualifying conditions identified. Dr. Kaplan reviewed the photographs and X-rays and after examining Appellant's dentition at hearing, arrived at a HLD score of 20 points. Dr. Kaplan testified that impacted teeth cannot be seen in the mouth. Teeth Nos. 18 and 31, two lower second molars, were observed by Dr. Kaplan on examination at hearing. Therefore, the teeth are not impacted and do not result in an autoqualifying condition. Dr. Kaplan's testimony is corroborated by HLD scoring completed by the DentaQuest reviewing orthodontist who also scored below 22 HLD points based on photographs and X-rays, and found no impacted teeth (Exhibit 1, p. 7). For these reasons I find Dr. Kaplan's testimony credible and conclude that no autoqualifying conditions are present 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

² See HLD form at Exhibit 1, pp. 7, 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>. Impactions: Impactions (excluding third molars) that are impeding eruption in the maxillary and mandibular arches. Indicate an "X" on the form. (This is considered an autoqualifying condition.)

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 2, MA